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ABSTRACT

This document consists of the four issues of the "IACD Quarterly" published in 1988. Articles in this volume include: (1) "Understanding Stepfamilies: A Primer for Counselors" (Jeff Edwards); (2) "Role of Counseling in Adult Development and Aging" (William Gorman); (3) "Responding to the Last Minute Undergraduate Career Client" (Alan Farber and Allen Ottens); (4) "Counselor's Network" (Joe Jackson); (5) "Oatmeal and Evaluation: The Right Thing To Do" (Diane Kjos); (6) "Bulimia: A Chronic Condition" (Sandra Early, Ann Rauls, Gayle Privette, and Joan Duer); (7) "First Person Accounts: Exercises in Empathy for Counselor Trainees" (Pamela Cogdal and R. Anthony Sanders); (8) "My Cultural Heritage: Germanic" (Barbara Runge); (9) "My Cultural Heritage: British American Ethnicity" (John Heath); (10) "Chicanos and the Counseling Process" (Chuck Rudiger); (11) "Counseling the Puerto Client" (Kimberley Laird); (12) "Counseling Asian Indians in American" (Janice Tapprich); (13) "Investigative Report of the Native American Culture" (Joyce Ann Piechowski); (14) "Multicultural Counseling: Native Americans" (Kathleen Larkin); (15) "The Eskimo" (Barbara Davidson); (16) "Excellence in Supervision - Preparation for Counseling Excellence: About This Issue" (Jeffrey Edwards and Robert Nejedlo); (17) "Approaches to Supervision: Expectations for Master's Students' Skill Development, and Criteria for Evaluation" (Robert Nejedlo); (18) "Students' Perceptions of What is Helpful Supervision in Counseling Practicum" (Marilyn Penland); and (19) "The Use of Teams in Training Family Therapists" (Anthony Heath). (NB)

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# *Illinois Association for Counseling and Development*

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# Understanding Stepfamilies
## A Primer For Counselors

*Jeff Edwards*

*This article explores the stigmas, cultural and psychological myths, structural characteristics, developmental tasks, and potential of stepfamilies.*

*The author argues that stepfamilies should be perceived and understood in their positive aspects and potentials. The view is presented that there is a bias toward perceiving stepfamilies in pathological terms and that the normality of the experience is frequently overlooked.*

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*Jeff Edwards, M.S., is a doctoral student in the Department of Educational Psychology, Counseling and Special Education, Northern Illinois University, DeKalb.*

The literature regarding stepfamilies has been found in sources such as social work, psychology, and family therapy. A review of the literature published in The Journal of Counseling and Development by Skeen, Covi, and Robinson (1985) did not present articles written specifically for counselors; that review was the only one noted. An article was recently published, however, in this journal that addressed the issue (Huey, Martin, & Martin, 1988), but the majority of writing is still being done for other groups of professionals. And yet one could guess that the majority of stepfamilies have greater interface with counselors, at least in school settings, than they do with other helping professionals. There seems to be an assumption prevalent in our society that there is a disfunctional quality about stepfamilies and counselors should understand the issues and dynamics involved if they are going to provide front line services.

## WHERE STEPFAMILIES COME FROM

The prefix "step-" comes from the old English "steop-" meaning "bereaved" or "orphaned." The term "step-" was originally used to describe a relationship that happened after a death and remarriage (Visher & Visher, 1979). The term as it is used today usually connotes a remarriage due to divorce.

The divorce rate in the United States increased 79% between 1970 and 1977. Depending on whose figures you believe the divorce rate today is anywhere from one-third to one-half of marriages where people are between the ages of 25-35. It is estimated that 80% of those people will remarry. As many as 40% of second marriages end in divorce within 5 years. It is estimated that there are over 35 million adults that are stepparents, and that one child in six is a stepchild (Visher & Visher, in Walsh, 1982). Zucker-Anderson and White (1986) claim that the stepfamily may become the traditional American family in the next century.

## STANDARD STEP- SIGMAS

Although the stepfamily is not a recent phenomenon in the literature, its roots go back to a different time and is misunderstood for today's population. While the terms "stepmother," "stepfather" and "stepchildren" are in American dictionaries, the term "stepfamily" has not appeared even as late as 1979-80. Two of the pioneering books on the family "Readings in the Family" (Groves & Brooks, 1934), and "The American Family" (Groves, 1934), did not mention remarriage or stepfamilies. "Readings in the Family" did mention that after Abraham Lincoln's mother died, his father took another wife and she was instrumental in helping young Abe get the books he read by candlelight. This "positive" stepmother relationship is not one reinforced in our minds however.

Adams' "The American Family" (1971) devoted two and one half pages to the remarried family but never mentioned the word "step-." "The Intimate Environment: Exploring Marriage and the Family" (Skolnick, 1978) devoted one page to remarrieds but never used the word "step-." Other words that are used to denote a stepfamily include "blended," "remarried," "reconstituted," or "recoupled." It truly was thought of as a four letter word.

Skeen, Covi, and Robinsons', (1985) literature review found 45 books on articles having to do with stepfamilies, reconstituted families, or remarried families, most published in the late 70's or 80's. The stepfamily as a phenomenon that can be talked about with knowledge and pride is a recent occurrence.

## BEGINNINGS OF A MYTH

Children's literature provided us with several examples of how step- relationships "really are." In "Hansel and Gretel" the stepmother orders her husband to take his children into the woods and kill them. Adding to the terror, he was to bring her their hearts. "Cinderella" had a mean stepmother and stepsisters who treated her as a second-class citizen and maid. "Snow White" portrayed a queen that hated her stepdaughter and was so jealous of her potential beauty that she had a hunter take her (in some versions it is the father) into the woods and kill her, again bringing the stepmother the heart.

In all of these stories, it is the stepmother who was portrayed as mean and evil, the natural father who is obedient to his new wife, and the beautiful daughter that wins out in the end. It is unfortunate that the stepparent of today is still associated with this image.

## CULTURAL AND PSYCHOLOGICAL MYTHS

There are three "myths" of stepfamilies (Visher & Visher, in Walsh, 1982) that impact on both children and adults in that they put unrealistic expectations on the family.

### 1. The Myth of the Reconstituted Family

Family members pretend that their stepfamily is just like a nuclear family. They are trying to make up for what was lost in the nuclear family, but stepfamilies are much different than nuclear families. Being a stepchild or a stepparent has a much different feel to it than being in a nuclear parent/child relationship.

Stepparents may "try too hard" in order to avoid the stereotype, or may resent the children altogether. Children may be upset or still angry that their lives were shaken up.

### 2. The Myth of Instant Love

Relationships take time. Thinking that stepparents and stepchildren will hit it off right away is living in myth #1.

### 3. The Myth of the Wicked Stepmother

Although there may be an occasional stepparent that is not the most pleasant tempered with their stepchildren, most are looking for peace, happiness, love, and belonging, like the rest of us.

## STRUCTURAL CHARACTERISTICS OF STEPFAMILIES

Stepfamilies differ from nuclear families in several important ways (Visher & Visher, in Walsh, 1982).

### 1. All stepfamily members have experienced losses

Whether it be by death or divorce, there is a loss involving a past set of relationships, and traditions. Expectations of "what was to be" are no longer held. Even the stepparent that comes into the relationships without children has had a loss of their hopes and dreams.

### 2. All members come with a past history

Becoming a stepfamily involves bringing together all of what each person knew was "the right way" of being in a family. Children and especially adolescents are thoroughly invested in the "rightness" of the way the previous family experience was. The celebration of holidays, the way peanut butter and jelly sandwiches are made, and other ways of doing family life differently, can bring on conflicts of major proportion. The word to stress here is difference, not right or wrong.

### 3. The parent-child bond predates the couple relationship

The feelings, emotions, expectations, and understandings that a natural parent has for their child have a longer history and deeper bond that those that exist between the new couple. The feelings are different in intensity and passion, but the new couples "being in love" does not mean that relationship carries more weight. The new relationships take time to grow.

### 4. A Biological Parent Exists Somewhere

Whether the stepfamily was the result of a spousal death, or a divorce, there will be felt presence of that other. This can be the biggest stumbling block for a new stepfamily. Children may a more intense loyalty to that other parent than to a new stepfamily.

It is extremely important for the children that they have contact with both living parents (Goldsmith, in Walsh, 1982). Not only is it healthier in the long run, but it is their right.

### 5. Children are Members of Two Households

The negotiation of the actual going and coming of the children should be planned. Children are more adaptable, usually, than the adults but every effort should be made to communicate the goings and comings, holiday plans, trips, and buying presents for children. The ex-couple that didn't have good communication skills before will now need to work double hard.

The right of privacy and consideration is important to remember. The children are half of both their parents. A study of stress on teenaged stepchildren (Lutz, 1983) indicated that hearing one parent or stepparent talking negatively about the other natural parent rated highest on the list. One of the biggest things that parents can do to help their children cope with the new situation and not feel their loyalty threatened is to leave them out of the adult battles (Skeen, Covi, & Robinson, 1985).

### 6. Steps have no Legal Ties

School mail, like report cards, invitations to open house, and graduation are sent to only one set of parents. Special awards dinners recognize only the biological parents unless they are alerted ahead of time.

The absence of laws in regard to stepparent rights and obligations is cause for concern with as many step-situations as there are today. This is especially true since the stepparent is considered "in loco parentis."

## DEVELOPMENTAL TASKS OF STEPFAMILIES

Like all systems, the stepfamily goes through stages of development. Although not all stepfamilies are alike in structure or ability to cope and grow, there are similarities. The Vishers' (in Walsh, 1982) point to four stages that need to be negotiated before the family can function optimally.

1. The members should come to terms with their losses, be they lost hopes and dreams, expectations of marriage and family, or the "perfect" family, or the bereavement of a parent. Mourning takes time and understanding.

2. The "rightness" or "wrongness" of past traditions needs to be replaced with the concept of "difference." For the new traditions to take hold, there should be ownership and inclusion. The more all members feel a part of the process, the better the chances for successful stepfamily development.

3. The couple needs time alone to develop their relationship, the stepparent and stepchildren need time to develop their new relationship, and all need to negotiate the relationships and boundaries with the past.

4. One and one-half to two years is the optimum time required to integrate and be functional.

The tasks of parenthood, depending on the ages of the children, are nurturance and limit setting. To continue providing this while establishing and working through all the other tasks requires time.

If the stepfamily is to survive, a good couple relationship is of paramount importance. Children and adolescents need to know that everyone loses if the stepfamily dissolves.

## THE POTENTIAL OF STEPFAMILIES

There is a range of functioning in both intact families and stepfamilies (Zucker-Anderson & White, 1986). Some function very well, some don't function well at all.

In her book on "Normal Family Processes" Walsh (1982) states that:

> "The strength of the (family) system depends on its ability to mobilize alternative patterns when stressed by internal or external change. The boundaries must be clear and firm; yet the system must be flexible enough for interchange between autonomy and interdependence, for promotion of psychosocial growth of members and maintenance of the integrity of the system, and for continuity and restructuring in response to stress." (p. 14)

More than half a dozen researchers have investigated the social and psychological effects of stepfamilies and have discovered that they have the same potential for successful functioning or dysfunctioning (Bernard, 1956; Bohannan, 1970; Bohannan & Erickson, 1978; Burchinal, 1964; Dauberman, 1973; Goode, 1956; Landis, 1962; Stinnett & Walters, 1977; Wilson, Zurcher, McAams, & Curtis, 1975). In one survey 64% of stepfamilies reported excellent relationships (Duberman, 1973). It doesn't seem to be stepfamily-ness that is a variable for family stability, but the quality of relationships and the ability of the family to cope.

There is conflicting evidence regarding relationships between stepsibs. However, it does seem to appear that the better the relationship between the stepsibs, the better the chances for the stepfamily to survive (Wallerstein & Kelly, 1980). The loosened legal boundaries and heightened sexuality of adolescents pose potential for emotional attachments and fantasies. There needs to be boundaries placed between opposite sex adolescent steps-. The polar opposite may also be true due to defense mechanisms.

Most family theorists agree that the major task of adults in a family is to raise the children. Because of the higher degree of parent/child coalition stepparents are more successful when they adopt a slow, gentle, flexible approach. Lutz 1983 pointed out that the area of discipline is the highest stress producing area in stepfamily relations. Adolescents that have come from a single parent family and are thrust into a situation where they are required to listen and obey a new and "different" person are going to have problems. Discipline works best when there is a relationship so that the person on the receiving end cares about the person doing the disciplining and vice versa.

The older the child, the more difficult the relationship will be between stepparent and stepchildren. Open discussion and negotiation between children, especially adolescents, and the adults is a positive influence for the operation of a stepfamily. The negotiation of family rules and regulations will be easier to establish if the children are a part of redefining the way things will be done in this family. They need to feel an ownership of the family rules.

Stepparents seem to expect more gratitude and acknowledgment from stepchildren than biological parents do with their bio-children. The most important factor involved in the relationship between stepparent and stepchildren is the slow and steady growth of a relationship.

Stepparents can have unrealistic high expectations for themselves. Bio-parent/spouses can help them to lessen this self-defeating practice by giving them encouragement and support. Words of advice from some successful stepfamilies include "Go slow. Take plenty of time." "Don't let the ex-get you," and the acknowledgment that there will be further involvement from the other biological parent.

Problems in a stepfamily does not indicate marital problems. There are couple relationships that are functioning well that are experiencing difficulty with the functioning of their stepfamily. A good relationship between spouses can provide children with a good model for their own future relationships. Positive relationships will continue to change the concept of stepfamilies, for the better, so that future generations of stepfamilies will have good models and less confusion.

## CONCLUSION

Because counselors have the potentiality for being involved with stepfamilies in a less pathologized format it is important that they can perceive and understand their positive aspects and potentials. As our society continues to evolve and the family structure changes, the stepfamily needs to be understood and their models and myths changed so that continued positive functioning can continue and grow. Counselors can contribute to this end by understanding them, and understanding that they are not some pathological form of family life. Normalizing the experience, and realizing that their potential is the same as the biologically intact family will contribute greatly.

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# The Role of Counseling in Adult Development and Aging

*William E. Gorman*

*This article attempts to help counselors to better understand and to learn to cope with a variety of concerns which occur as adults develop and age over time.*

The growing number of individuals in our society reaching the retirement years and the ever increasing stresses and strains which the modern sociological condition presents to these increasing numbers of older Americans provide the reference point that initiated this article.

Vacc (1987), reports that approximately 12% of the United States population are elderly persons, and, that, by the year 2000 it is estimated that more than half the United States population will be 50 years of age or older. He further indicates that "the dramatically increasing number of older adults has created the necessity for professional counselors to be prepared to assist these individuals with the problems and changes that arise as a function of age." (p. 310)

The topic of counseling in adult development and aging is of increasing importance as an adjunct to the new, pervasive national awareness of, and interest in, the ever expanding population of older Americans. The Association for Adult Development and Aging, the newest organizational affiliate of AACD, was formed in response to this emerging population phenomenon. As stated in its bylaws (1986), the purpose of AADA is "to provide leadership, advice and counsel to counselors, other persons, and service providers in the helping professions, family members, legislators, and other community agencies and persons on matters related to the development of adults and older persons." (p. 1)

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*William E. Gorman, Ed.D. is President of the Illinois Association for Adult Development and Aging, DePaul University, Chicago.*

The author believes that counseling may play an important role in helping adults to meet various needs across the later years of their life span.

## THE PROCESS OF AGING

The aging process is that phenomenon which occurs as the body changes over time, typically resulting in bodily loss of general functional ability in one or more observable areas. This description infers that aging is a natural change in the human being which occurs as one's days of living extend into time.

Change is evident everywhere in nature. It is observable in plant and other animal life; witness it in shifting sands, moving waters and differentiation of rock formation. One hears of change of attitude among people or changes in weather or atmospheric conditions. It is possible to observe children from birth and to see them develop and progress physically, intellectually, and emotionally. These factors are attributed to change, or maturation, or aging.

For present purposes, the reader is asked to assume that "aging" and "changing" are synonymous, that to age is to change in some way. To accept this view of the aging process is to have a point of reference for determining what the aging process is. We further observe that all persons may change, but not in the same way nor at the same pace. Thus it becomes necessary to expand the working definition of what the aging process is to include the idea of individualistic nature.

Far too many subtle characteristics have gone into the aging process of individuals to allow the inference that they are products of the *same* aging process, even though, from the chronological points of view, they have reached the same age or have spent the same amount of time as objects of the process of change. The subtle characteristics alluded to are many and include such factors as attitudes, interests, curiosity, innovativeness, desire, and previous background factors including heredity, environment, mental health, and general physical well being.

The author contends that aging is not a universal, well defined process that occurs in the same way for every person. The reality is that each individual is to the aging process exactly what the aging process is to each individual. The counselor who keeps this fact firmly in view will be likely to meet with professional success in dealing with the aging process. Aging is a personal reality.

occuring on an individual basis. The counselor must be personally and professionally prepared to cope with this reality.

## THE PROFESSIONAL COUNSELOR PERSPECTIVE

The professional counselor will quite properly be interested in the functional aspects or positive results of professional involvement with the aging. That is to say, counselors will be interested in the progress of the aging population with which they are concerned. George and Bearon (1980) describe quality of life as applied to older persons as having four dimensions: 1) the dimension of life satisfaction, 2) the dimension of self esteem, 3) the dimension of general health and functional status, and 4) the dimension of socio-economic status.

No one person is any more or any less important than any other person. Hunger, pain, discomfort, embarrassment, chagrin, loneliness, fear, insecurity, and large numbers of similar human factors that may be brought about as a result of the aging process are equally and individually important factors to each person so affected. Quality of life for all older persons should be a human services goal.

Aging is without barrier; it is completely indiscreet; it plays no favorites; it avoids no one. It is the one universal truth of being. If I am, then I am aging. Counselors, especially, should be aware of the interdependence factor which exists for each of us in our society. While one works professionally with the aging population, one is also a part of the group which is aging. Thus, what is done for others, in an extended sense, is done for oneself; not because of selfish motivation, but, rather, because of humanistic motivation.

## CHANGE PROCESS — A FACTOR OF ALL REALITY

In many ways, Shakespeare's "Seven Ages of Man" might well illustrate the process of developmental change in humans. So too might Pikunas and Albrecht's (1961) early view of developmental flow which includes the following developmental levels: Pre-natal period, neo-natal period, early infancy, late infancy, early childhood, middle childhood, late childhood, puberty/adolescence, early adulthood, the middle adult years, and the late adult years and senescence.

The process of developmental change has more recently been described by Atachley (1985) as life course stages: infant, school age child, young adult, adult, middle age, later maturity, and old age.

The developmental counselor will recognize the physical, psychological, and sociological changes which occur in adults over time from early adulthood through the late adult years.

## Physical Change

That human beings change physically over time is self evident and universally observable. The research in this area is abundant. Zastrow and Kirst-Ashman (1987) have succinctly provided summaries of some of the research in the area of bodily change which typically accompanies aging. Included in their research summaries are the following:

"Apearance — Changes in physical appearance include increased wrinkles . . . increased unsteadiness of the hands and legs . . . increased difficulty in moving . . .

Senses — The acuity of the senses deteriorates in later years . . .

Psychomotor Skills — The elderly can do most of the same things that young people can do, but they do them more slowly . . .

Intellectual Functioning — The notion that there is a general intellectual decline in old age is a myth . . ." (p. 397)

Additionally, the authors report research evidence of gradual reduction with increasing age, in functional capacity of muscular structure, the nervous system, and the digestive system.

## Psychological Change

The helping person who counsels should come to grips with the reality that the psychological change is insidious. To both the observer and the observed, it is imperceptible when viewed over a short span, such as a one day counseling session or a one week's health care center acquaintance. In some cases, psychological change is difficult for the professional helping person to observe in a client, even though their relationship has been of a six month or one year duration. Psychological change occurs in one's moods, attitudes toward people, places, and objects, and in one's relationship with other persons.

Psychological change, like physical change, is a part of the "growing" process. Psychological change represents a sort of "inner growth" or development that is no less real than physical change. It is often merely less obvious, and usually requires a manifestation of word or act in order to be recognized. Too often, there is no one to really listen to the words, or to really notice the actions that indicate psychological change in the aging.

The helping person may wish to consider some of the underlying reasons for the psychological change brought about in varying degrees by the aging process. Some reasons for psychological change in aging persons may be found in the following limited suggestions:

1. *Awareness of a New Self* — "I am aging. I am no longer the me that I once was; and I do not particularly like that fact." This reflects perhaps the aging adult who privately wishes to relive his youth and who cannot adjust to his new and older self.

2. *Anxiety* — As one grows older, one proceeds toward the unknown. Matters concerning health, economics, and housing may increase in relative importance in the life of the aging individual. Also, the counselor must understand that, as aging occurs in many persons, an awareness of the impending and inevitable fact of death begins to dawn. Death may be considered as an abstract, impersonal sort of reality by many persons during childhood, adolescence, and the early adult years. Death, for many young persons, is something that somehow happens to others and is infrequently conceptualized on the personal level. With the cool touch of its hand dipping into one's personal life to clutch loved ones to its sudden, solitary bosom, death, for the aging, assumes a more personal character. As friends and acquaintances, neighbors and notables cross this final threshold, death becomes a far more personal intimate of the aging individual. It joins the other important thoughts and concerns of daily life. Its obviousness and its emptiness may nag incessantly and serve as a basis for anxieties in the aging. Empathy must be a meaningful watchword for all counselors, as they deal with persons who are expressing anxiety over death, whether it is imminent or not.

3. *Communication Problems* — The problems of understanding others and being understood by others may increase for the aging individual. The counselor should be aware of the reality of the generation gap as it affects communication processes with the aging individual. Even one sided awareness of the communication difficulties that may arise will be of immeasurable aid in closing the communication gap, even though the general gap between the counselor and an aging client will remain very real and constant.

4. *Experience* — It may be of service to the counselor to list, at this time, limited examples from the myraids of experiences which may have caused psychological changes in some aging persons:

a. economic experiences of either a negative or positive nature.

b. educational experiences, both first hand and vicarious, including formal education, travel, and reading.

c. vocational experiences, wherein one's own strengths and weaknesses, likes and dislikes, conflicts and acquiescences are so often the honing factor for later psychological modes and responses.

d. personal habits may change, and with them, psychological change may occur. The reverse is, of course, also possible. The counselor may learn something about aging persons and psychological reaction to change to or from their habits such as smoking, gambling, and drinking intoxicants. Marriage, as a life style, causes married persons to acquire selected habits which, upon the death of the spouse, are oftentimes known to change. For the female, as well as for the male, the death of the spouse may cause a need for helping person care in aiding the bereaved to return to a state of physical and mental well being.

Additional possibilities will suggest themselves readily if one reflects upon some of one's own experiences, and how these have come to cause personal psychological change. More succintly put, one may, as a helping person, look to oneself first in order to better understand what one sees in the psychological change that is occurring or has occurred in an aging client as a result of experience.

## Social Change

Social change may be based upon change in social role for the aging. Atchley (1985) suggested the following areas in which role change may occur during the process of social aging: a) launching the children, b) retirement, c) widowhood, d) dependency, e) disability, f) institutionalization, and g) participation in religion, politics, and leisure time activities.

The counselor may aid clients to see in the fact of aging an opportunity through which social position will take on new meaning and, hopefully, bring about greater personal fulfillment. The older person who has just been fired or replaced, may be in a period of soul searching and of reaching for help. Often, that help is not to be found among former work associates, or in newspaper searches for a new position. Most often, that help is

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to be found within oneself. The individual is the well from which earlier employment success once flowed. The counselor may aid the individual to confront present reality through a process of assessment and planning that might use the following as a structural base:

> What has the client accomplished in the past occupationally and socially?
> What are the client's current views of self?
> Where does the client want to go with a future societal role?
> What process will best and most efficiently provide client goal attainment?

To be of most assistance to the aging, the counselor may begin with the notion that a person is an asset and that age is not the only factor about life to be considered in the formulation of a plan-ahead-program based on the four points above. The plan-ahead-program which the helping person aids the client to prepare, initially seeks to emphasize the positive aspects of individual total worth. It also deemphasizes the age factor, although recognizing it as one of several factors. The plan-ahead-program will also be cognizant of the ultilization of human resources precepts as well as of the intrinsic worth and quality that is found in each human being.

## Need Factor Change

Counselors should recognize that, ideally, aging is a facet of human growth potential. As one lives, one experiences various aspects of life. Each new experience provides, in its own unique fashion, an opportunity for positive human change, and, ultimately, for positive human growth.

Aging allows growth in several directions. Two of these may be construed as growth away *from* and growth *toward* objects of importance. Growth *away from* infers that people, places, and things that were once a major import for the individual have decreased in imperativeness. As growth *toward* new imperatives begins, increased interest and importance of new circumstances results in a new or modified hierarchy of need for the person who is changing through aging. The classical human needs as described widely in various sociological and psychological documents do not change. It is, instead, the specifics or particularizations which underlie the broader classifications of need which are different and of interest and concern.

Following is a suggested, non-exhaustive, list of human needs and brief discussion of need factor change in each area:

*The need for affection* — Throughout the aging process there is a continuing need for human affection. People, regardless of age, need to be loved. Counselors may assist the aging population in fulfilling unmet needs for affection in a number of ways, including suggesting possible involvement with foster grandchildren and volunteer work, for example. Many older people find abundant satisfaction through such activity.

Nevertheless, husbands, wives, sons, daughters, grandchildren, and other family members, as well as neighbors and friends, should typically be the primary sources of affection for the older person. Counselors should seek ongoing processes to assure that familiar sources of affection are available to the older person.

*The need for approval* — The aging person is in need of approval from family and peers. Peers may be defined as friends and pals or cronies of similar age.

*The need for independence* — Freedom is a basic need for any individual, and is at the root of human services. Aiding persons to achieve and maintain independence is basic to the helping professions. Older persons do not want to lose their independence, and may work especially hard to avoid being dependent upon others. Counselors should understand this basic human need, and attempt to suggest meaningful avenues for its realization for older persons, when physically and psychologically feasible.

At the same time, the full nature of the concept of interdependence must be understood by the aging person. It is well to remember that, in earlier years, the child is almost totally dependent upon others, but somehow maintains individuality. So too, the older person may retain individuality despite being increasingly dependent upon others for fulfillment of some personal needs.

*The need for self respect* — Individuals have a need to maintain a sense of social equilibrium concerning themselves. Self respect is closely tied to feelings of personal competence.

The capacity for performing tasks adequately needs to be demonstrated by the aging. In order to accomplish this, the individual must be in control of personal environment. One of the elementary keys to counseling is found in helping individuals to understand and to cope successfully with present environment, and to function within environmental limitations. Personal limitations of a physical nature, for example, must be recognized by the aging individual. Self concept will play an important role in how well individuals accept physical limitations as imposed upon them by the aging process, and in how well they are able to maintain an adequate level of self respect.

In the preceding paragraphs, areas in which the change process occurs over the life span of humans have been identified. The Social, the Physical, and the Psychological have been included as representative areas in which human developmental change occurs.

In addition to recognizing these areas, the counselor whose professional interests focus on the aging process, may wish to consider some of the regions of personal concern which also tend to change as a result of the dynamics of human development.

Four such regions have been selected for discussion and further illustration herein. These topics include Ego Identification, Family and Friends, Vocation and Avocation, and, finally, Life Circumstances.

*Ego Identification* — Throughout life span development there exists a search for self identity, for an answer to the question, "Who am I?" This search for self most probably has deep rooted philosophical consequences for most adults. It is enmeshed in the universal quest for the meaning of self existence and for an understanding of one's personal "self" or "ego" in the light of ultimate reality. As the aging process continues, personal concerns in this area may increase.

*Family and Friends* — Man is a gregarious, social animal whose involvement with, and concerns for, family and friends are generally significant and on going over the life span. As family and friends age, the individual, of course, also ages, and concerns for loved ones will expand and change accordingly.

*Vocation and Avocation* — Humans have ever been concerned with the process of survival in society. For moderns, the issue of survival, or making ones way occupationally in a society has a counterface as well. That relates to the human desire to contribute as well as to consume. Adults may be career minded throughout their life span, constantly aware of opportunities to contribute and to survive through appropriate occupational endeavor. Success may relate largely to the availability of career opportunity, itself a changing phenomenon. As one ages, opportunities change. Also, age may bring changes in personal abilities, individual interests, and in human personalities.

*Life Circumstance* — This area has to do with one's sense of one's position in life, or, more commonly, one's status. Life circumstance may be viewed by some, as being related to monetary matters. For others, it may related to issues of power or prestige. Again, it may relate, in one way, or another, to the manner in which one is viewed by others. For some, life status has a philosophical quality and may relate to one's view of self in terms of spiritual yardsticks. In any event, the process of development across the life span may create perceived changes in the area of life circumstance.

## Meeting Adult Counseling Needs

The process of meeting the counseling needs of adults across the later years of their life span may be improved by considering the physical, psychological and social issues affecting the adult at various age junctions. To this end, we suggest the following five age junctions: Age 20 to 35; Ages 35 to 50; Age 50 to 65; Age 65 to 80; Age 80 and beyond. Figure 1 presents examples of physical, psychological, and sociological change factors over the adult life span.

Similary, Figure 2 presents examples of developing issues for the four regions of personal concerns suggested above: Ego Identification, Family and Friends, Vocation and Avocation, and Life Circumstances. Much overlapping of concerns across the five age junctions exists in both Figure 1 and 2. The examples are, of course, not intended to be all inclusive.

## Implications for the Counseling Profession

Cormier and Hackney (1987) indicate that "Counseling is the helping relationship that includes a) someone seeking help, b) someone willing to give help who is, c) capable of or trained to help, d) in a setting that permits help to be given and received" (p. 1).

In meeting the dimensions of this recent definition, professionals in the emerging field of counseling in adult development and aging are faced with a number of challenging questions: Who are the adults who seek help? How are they to be identified? Who shall do adult developmental counseling? How shall these counselors be trained? Through what agenda or process shall counselors in adult development and aging come to be recognized as specialists?

## FIGURE 1
## EXAMPLES OF PHYSICAL, PSYCHOLOGICAL, AND SOCIOLOGICAL CHANGE FACTORS OVER THE ADULT LIFE SPAN

| *AGE JUNCTION* | *PHYSICAL* | *PSYCHOLOGICAL* | *SOCIAL* |
|---|---|---|---|
| 20-35 | Maximum muscle strength<br>Keenness of senses | Moral development<br>Formation of identity | Choice of lifestyle: single-married<br>Occupational choice |
| 35-50 | Middle age health concerns<br>Beginning deterioration of muscle strength | Problems in marriage and family<br>Alcohol use problems | Economic pressures<br>Underemployment |
| 50-65 | Diminished physical energies<br>Changes in sensory capacities | Life stagnation<br>Stability of identity | Unemployment<br>Retirement |
| 65-80 | Locomotion problems<br>Increased physical dysfunction | Self definition<br>Shifting away from occupational identity | Financial problems<br>Housing problems |
| 80 and Older | Diminishing mental faculties<br>Diminishing physical faculties | Reflections on the meaning of life<br>Reflections on the spiritual matters | Living accommodations for the elderly<br>Concerns about impending death |

## FIGURE 2
## EXAMPLES OF DEVELOPING ISSUES FOR FOUR REGIONS OF PERSONAL CONCERN OVER THE ADULT LIFE SPAN

| *AGE JUNCTION* | *EGO IDENTIFICATION* | *FAMILY AND FRIENDS* | *VOCATION CIRCUMSTANCE* | *LIFE* |
|---|---|---|---|---|
| 20-35 | Developing feelings of self worth<br>Developing a life value system | Leaving one's home<br>Starting one's own family | Beginning employment<br>Seeking a satisfactory career | Seeking higher life status<br>Seeking life fulfillment |
| 35-50 | Seeking improved self concept<br>Seeking direction in life | Raising adolescent children<br>Coping with problems of aging parents | Job security<br>Pressures of dead end occupational situations | Feelings of social inadequacy<br>Self doubt |
| 50-65 | Changes in view of self<br>Reassessment of life value system | Geographic family dispersement<br>Caretaker role for aged parents | Forced retirement<br>Career dissatisfaction | Change in status due to retirement<br>Feelings of loss associated with divorce or death of mate |
| 65-80 | Increased need for ego reinforcement<br>Increased sense of personal mortality | Effect of retirement on family relationships<br>Living environment concerns | Problems of economic sufficiency<br>Increasing avocational needs | Loneliness<br>Death of friends and neighbors |
| 80 and Older | Need to retain high self concept<br>Need to find continuing means of life | Problems of the aged as caretakers of the aged husband or wife | Need for quality leisure time activities<br>Need for avocational interests | Problems of lack of availability of social support systems<br>Feelings of non-independence |

Should adult developmental counseling be available both through private practitioners and through a publicly supported process?

These and other pertinent questions must be addressed by the counseling profession. Early and continuing attention to counseling needs in adult development and aging is a modern societal imperative and a challenge of the times in which we live.

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# Responding to the Last-Minute Undergraduate Career Client

*Alan J. Farber* *Allen J. Ottens*

*This article deals with addressing the needs of students who engage in career counseling at the end of the semester. An intervention approach is offered that entails: (a) involving the student in a process, (b) setting the stage for future interactions, (c) supplementing discussion information with written materials, and (d) dealing with the etiology of the last-minute request.*

During the final weeks of each spring semester underclass students present themselves to Northern Illinois University's Counseling and Student Development Center (CSDC) requesting last minute assistance with their choice of major and/or career. Many of these students report that they will be unavailable for on-going career counseling during the summer because they are leaving campus for home, yet they claim to need to choose a major immediately or just prior to the fall semester. Others indicate that they are pressed for time due to impending registration deadlines or other deadlines imposed by parents, self, or academic circumstances.

In the past, our intake counselor's most likely reaction was to inform the student that little or nothing could be accomplished on such short notice, accompanied by a recommendation to return for career counseling in the fall. This counselor response may exacerbate the student's anxiety related to career indecision and discourage future career exploration and counseling. The student may perceive the response as a minimization of, or disinterest in, his or her problem. In addition, the "Come back in the fall" response implies that there are few if any career-related activities available to the student independent of those at the counseling center.

*Alan J. Farber, Ph.D., is Coordinator of Career Services, and Allen J. Ottens, Ph.D., is Coordinator of Student Development Programming, at the Counseling and Student Development Center, Northern Illinois University, DeKalb.*

A second common counselor response, motivated by the desire to provide immediate assistance to the student, is an ill-advised attempt at hurried, "one-shot" counseling, perhaps including the administration and interpretation of a "quick and dirty" vocational interest inventory. Although well intentioned, such an attempt is equally inadvisable and may undermine any future attempts at providing comprehensive career counseling. The counselor is sending the fallacious message that, with an "expert's" help, career decisions can be made in an hour or two.

The brief intervention we describe was developed with an appreciation of the following factors: First, a one-hour intervention should be preparatory rather than remedial in nature. That is, the goal of the encounter is not to meet the immediate stated need of the student (i.e., choice of major or career). Instead, the goals are: (a) to convey the notion that alternatives to last-minute decision making exist, (b) to supply information regarding activities that may contribute to the ultimate goal of career decidedness, and (c) to demonstrate to the student that he or she possesses the ability, and has access to the information necessary, to undertake appropriate career planning and decision making.

Second, the quality of the interaction sets the stage for subsequent career-related interventions and activities at CSDC. Thus, the counselor, rather than criticizing the student's last-minute request for help, should strive to convey concern while simultaneously providing information that will encourage future contact with CSDC. Third, because of the amount of information involved, it is imperative that all discussion be supplemented with written material. Each client is provided with a packet of material for subsequent examination.

Finally, the etiology of a last-minute request varies widely among students. The effectiveness of this intervention may be dependent upon one or more of the following factors: (a) avoidance stemming from psychological variables such as unrecognized anger issues (Rosenberg, 1977), fear of failure and low need for achievement (Saltoun, 1980; Tseng & Carter, 1970), and anxiety (Kimes & Troth, 1974); (b) poor decision making skills, including styles such as impulsive, agonizing, delaying, or paralytic (Dinklage, 1967); (c) misinformation regarding departmental admission policies, deadlines for the declaration of majors, and financial aid eligibility; (d) real or imagined external pressure, such as parents who purportedly refuse to finance college unless a major has been declared or classmates who look down upon an individual for being undecided; (e) irrational academic and career-related beliefs, such as "Successful students are always decisive," "The undecided student is wasting his or her time and money," "Declaration of a major insures happiness, improved grades, etc.," and "I *must* graduate and get a job after exactly four years of college."

Under normal circumstances, these issues could be approached in an unrushed and systematic therapeutic fashion. However, in this instance the student may be expecting, if not demanding, immediate guidance. We certainly do not advocate the provision of services based on a student's unrealistic expectations. Nonetheless, within the context of the dynamics that often underlie such requests, valuable preparatory guidance and information can be provided. This preparatory procedure consists of the following four components:

(1) *Providing reassurance and redefining the problem:* In Ewing's (1978) six-stage crisis intervention model, the first stage, "Delineation of the problem-focus," stresses the need for productive future contact with the student. According to Ewing, this is often accomplished by providing the student with reassurance and information. In the limited time available, reassurance and information represent the two central components of this procedure.

After learning of the student's career-related concerns, the counselor briefly explains to the student the notion of career development and decision-making as an ongoing process rather than an isolated event. This includes a discussion of the inadvisability of making decisions prematurely or based on insufficient or inaccurate information about self, academic requirements, and/or the "world of work." Thus, the original presenting problem: "I must select a major/career immediately," is redefined as "I need adequate time and preparation to make the right choice."

An important aspect of this discussion includes the concept the individuals differ in the manner in which they make decisions, and that career goals can be met in a variety of traditional and nontraditional ways. Related to this, we have found that informing students that it is very common for college students to switch majors and take five or more years to receive their undergraduate degrees, often dispels commonly held inaccurate beliefs (e.g., "Everybody but me sticks with a single major and graduates in four years") and serves to assure the student that his or her situation is neither uncommon nor irreparable.

(2) *Identifying myths and misinformation:* Many authors, including Krumboltz (1979), Thompson (1976), and Nevo (1987), advocate the need to correct myths and misconceptions about work and careers in order to facilitate the career decision-making process. Nevo (1987) has provided ten "irrational expectations" and counterarguments aimed at challenging such unproductive beliefs as "I must sense intuitively that the vocation is right for me," and "Someone else can discover the vocation suitable for me." Brooks (1984), in describing this cognitive restructuring approach, states: "Once interfering misconceptions are removed or corrected, the client can be guided toward and reinforced for developing and using task approach skills . . ." (p. 347)

With the aid of a handout, the counselor briefly engages the student in a discussion of common "career myths." We have found that last-minute career clients often believe that the choice of major is tantamount to "being trapped for the rest of your life" (Lewis & Gilhousen, 1981). The student is encouraged to spend time following the session identifying his or her own myths, recognizing their dysfunctional properties, and generating accurate and productive counterarguments.

(3) *Assisting with environmental barriers:* At some point in the session, it is often discovered that the student possesses misinformation about academic requirements or is hurrying a decision due to real or perceived parental and/or financial pressures. In the former case, a referral or phone call to an academic advisor often serves to clarify the misunderstanding. In the latter instance, a brief discussion and accompanying handout on the topic of "Talking to Parents About Your Career Indecision" is provided to prepare the student for subsequent dealings with parents. It is advised that the student demonstrate a reasonable and organized career decision making plan to his or her parents.

(4) *Making plans:* Recommendations are made regarding summertime career exploratory activities—all detailed in handouts. Topics include career-related services and materials available at CSDC (individual counseling, workshops, computer-assisted guidance, career literature), information interviewing and "shadowing" with persons in the workplace (including the availability of volunteer NIU alumni), and the value of internships, volunteering, and part-time work. The counselor also supplies the location of additional career resources and services near the

student's hometown, or the means of locating them. For those students willing to make the trip, career service and resources available at NIU during the summer are outlined, with follow-up appointments arranged at the student's earliest convenience.

It has been our experience that the majority of students leave the session with a renewed sense of confidence and plantfulness, armed with much of the information necessary to undertake subsequent unhurried career planning and decision making. Of equal importance is the value of such an approach to the counselor. Rather than viewing the "last minute" career client as impetuous or immature, the career counselor can instead take full advantage of the student's high level of motivation and readiness to learn and change. The counselor, rather than being frustrated or rushed by the student's request, can approach the situation as an excellent opportunity to make a positive impact on the student in need.

(The interested reader can write to the first author for a comply of the materials referred to in this article.)

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# Counselor's Network As a Factor in Urban Student Development

*Joe Jackson*

*This article seeks to convey a support strategy for providing mentors to urban students. Accordingly, the author examines the counselor's network of friends, associates and colleagues as an untapped reservoir of professionls needed to provide the necessary role models and significant others for students. Supplementing the educational process by the cultivating of a support system is suggested as a means of assisting urban students to develop interest in school and achieve their career aspirations.*

*Joe Jackson is an Assistant Professor in the S.E.E.K. (Search for Education, Elevation and Knowledge) Program at Herbert H. Lehman College of The City University of New York, Bronx, New York.*

Most counselors are well aware of the influence of network systems on student development. There is no doubt that network systems both provide a socialization conduit for students and transmit to the group an awareness of the need to persist and to achieve. In this paper consideration is given to the counselor's network of friends, colleagues, associates, peers, and elders as an untapped source of support which should be involved in appropriate ways in energizing non-traditional high school students toward appropriate career paths. Accordingly, such involvement raises the educational and career aspirations of non-traditional urban students, and at the same time can be an effective and useful supplement to the educational process (Parker, 1980).

Although urban college enrollment has increased during the past two decades, it is not uncommon for many of these students to represent the first college bound generation. Their experiences in the urban community and pre-college education have often negatively influenced their perceptions of what they will be able to achieve (Crites, 1969). These pioneers bring with them a range of problems which sometimes interfere with social development and goal acquisition.

The adapting mechanisms typically utilized successfully for survival in urban neighborhoods are often inappropriate when applied to the academic environment. Parker (1980) asserts that contact with those counselors who have made their own transition from the urban to the college community may facilitate the transmission of this process. Thus, the counselor becomes a key person in the developmental process who not only imparts knowledge and information but also influences student's behavior.

## NETWORKS

The counselor's network is a modified mentoring strategy which provides temporary assistance needed to introduce non-traditional students to positive influences. Since decades of non-traditional alumni role models do not exist, the non-traditional student may not have the opportunity to explore concerns of career and personal development as frequently as traditional students.

Such opportunities not only provide students with more realistic concepts regarding careers, but also provide motivation and moral support. Jones and Stewart (1980) encourage counselors to establish structural systems and environmental atmospheres that promote healthy individual growth" (p. 501). Since the counselor is a provider of human services to students, there is a need to search continuously and develop ways to assist non-traditional students.

As an intervention the counselor's network can have a profound influence on the vocational development of students and can also serve as a source of reference for students seeking college admission or scholarship assistance. The central tenet is the importance of the students interacting with someone who is successful, sensitive, and can empathize. It is posited here that the emotional support influences success and success influences learning. Implemented properly, growth for the non-traditional urban student can be social and emotional as well as intellectual (Walton, 1979).

## COUNSELOR'S NETWORK AT LEHMAN SEEK PRE-COLLEGE INSTITUTE

For the past four years the Lehman SEEK Program has conducted a Pre-College Institute in conjunction with the College Discovery Program high school/college consortium. The Counselor's Network Project has been a part of the PCI for approximately two years; approximately eighty students have participated in it.

With a long range goal of improving students' math and science skills to enable them to pursue the full range of scientific and technical careers, the PCI's more immediate objectives are: (1) identification of a group of non-traditional high school students with undeveloped science and math potential; and (2) the design of an educational sequence that contributes to the students' advancement in science and math related careers.

The network intervention provided professionals from the college and community who met informally with high school students to discuss their careers and the relevance of the careers to their daily lives. They also stress the importance of adequate academic preparation for career attainment and satisfactory career performance. Other professionals who might be at a distance from the program write letters to the students explaining the nature and requirements of their careers. By developing the students' interest in career attainment, a very vital support system is being cultivated, another means of providing students with the reinforcement needed to advance socially and academically.

Another valuable feature of the Counselor's Network project at Lehman is that the professionals involved are friends and colleagues of the Counselor and are of the same ethnic background as most of the students. The professionals can thus serve as positive role models in reinforcing the student's concept of self and what one is capable of achieving. The Counselor's Network project at Lehman represents a wide range of professionals:

1. A female aeronautical engineer in aerospace science.
2. A female college nursing professor.
3. A female premedical college student.
4. A female math college student.
5. A male minister.
6. A male college science professor.
7. A male anesthesiologist.
8. A male astronaut.
9. A female hospital administrator.

## DISCUSSION

There is reasonable indication that the counselors network can be a positive influence on student development at different educational levels. One can imagine the disastrous effect on an unprepared college student faced with having to accept total responsibility for their learning. Not only are these students, themselves, resultingly debilitated by high rates of attrition, poverty, and high rates of unemployment, but there is the likelihood that their progeny will be similarly affected.

The counselor's network can offer opportunities for students to develop an awareness of career choices. By providing access to critical role models, the intervention promotes active rather than passive learners. Many non-traditional students come from high schools where the administrators and staff are predominantly white, the counselor's network intervention addresses the deficit in role models and gives students greater self-concepts regarding many careers.

## SUMMARY AND CONCLUSIONS

The purpose of the Counselor's Network project at Lehman SEEK Pre-College Institute is to provide both supplemental and immediate assistance to non-traditional students with undeveloped science and math potential. While the focus is not to conduct formal research, several areas of positive change among students have been observed:

1. A marked improvement in study habits.
2. Greater student participation in discussions about careers.
3. An outstanding improvement in Science Regents test scores.
4. A more assertive inquiry and follow-up on college selection: 20% of group is now enrolled in several city and state universities.

At the present time, the PCI at Lehman SEEK continues to refine and expand the concept of the Counselor's Network project. As mentioned above, these inquiries have already begun to suggest innovations and have given support to the students' academic and social development. When compared with some of the more traditional approaches to student development, the Counselor's Network intervention seems all the more compelling as a useful supplement to existing student services.

Counselors and student personnel should find their network of friends and associates to be a valuable resource to motivate the non-traditional urban student. Since these students rarely have a reservoirs of role models to go to for the help they need, it behooves counselors to work towards providing them with positive influences from as many sources as possible.

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# *Oatmeal and Evaluation: The Right Thing To Do*

*Diane L. Kjos*

*Counselor and client focused evaluation is the right thing for counselors to do. Even relatively simple evaluation activities can contribute to counselor effectiveness and program improvement.*

*Diane L. Kjos is an outreach counselor and professor of counseling in student development, Governors State University, University Park, IL.*

A commercial tells us that eating oatmeal is "the right thing to do." Counseling evaluation is also the right thing to do. Unfortunately, many counselors feel that evaluation, like oatmeal, is more trouble than it is worth. There are, however, several important reasons why evaluation activities focused both on the counselor and the client are vital for all counselors. And there are some relatively simple ways for counselors to do effective evaluation.

Evaluation which focuses on the counselor is a self-evaluation. Counselors can use it to determine needed changes and identify areas where consultation might be helpful. This evaluation can suggest areas for new learning and professional development. Thus, it can help counselors avoid burn out.

Evaluation which focuses on the client is important in planning, implementing, and assessing the accomplishments and effectiveness of guidance programs and activities. It is a necessary tool in establishing credibility for a program or activity. This information will support communications to parents and community members about the effectiveness of the counseling program. Further, some forms of client-focused evaluation can help clients gauge their own progress.

The evaluating counselor is looking for feedback. How am I doing? How is my client doing? How is this program doing? Is one intervention more effective than another? Did we accomplish what we set out to do? Should we make changes? How can I be more effective or productive? In order to do this the counselor needs to decide what to measure and when and how to collect the data.

## AN EVALUATION MODEL

The model in Table 1 combines ideas from a variety of references on evaluation (Bishop & Trembley, 1987; Budde, 1979; Kirkpatrick, 1975; Leibowitz, Farren & Kaye, 1986; Miller, Fruehling & Lewis, 1978). It suggests what to measure and when and how to collect data for evaluations with a focus on the counselor and on the client.

### Counselor Focus

Counselor-focused evaluation includes evaluation of counseling process, counselor productivity, and purpose. It is one way counselors can give themselves feedback about their work.

## TABLE 1
## COLLECTING AND MEASURING EVALUATION DATA IN COUNSELING

*COUNSELOR FOCUS*

| *Measures What* | *When to Collect* | *How to Collect* | |
|---|---|---|---|
| PROCESS | Effectiveness of individual responses, counseling interventions. | On a regular basis. When 'stuck' with a particular client. | Audio or video tapes of sessions. Consultation with peers or supervisor |
| PRODUCTIVITY | How many served, client characteristics, time spent on specific goals or programs. | Daily, weekly, monthly. | Appointment schedules, calendars, daily notes, client files. Computerized record system. |
| PURPOSE | Accomplishments of personal and professional goals. | At the end of each semester, once a year. | Comparison of annual goal statements with results. |
| *CLIENT FOCUS* | | | |
| REACTION | Attitudes, feelings, impressions, client satisfaction. | Immediately after an activity or at final counseling session. | Questionnaires, interviews. |
| LEARNING | Acquisition of concepts, principles, facts. | Immediately after a program or activity. | Pre-post-program questionnaires, simulations, interviews. |
| BEHAVIOR | Demonstrated changes in behavior and actions. | 4 to 6 weeks into activity and/or 4 to 6 weeks after activity. | Observation, simulations. Pre-post-assessment such as Personal Problem Checklist, Goal Attainment Scaling, client want list. |
| RESULTS | Retention, grades, absenteeism, graduation, job placement. | 6 months to 1 year after activity. | Student records, follow-up surveys. |

Process evaluation involves examination of individual responses and counseling interventions to assess effectiveness as a counselor. This allows the counselor to experiment with specific interventions or processes.

The counselor might gather process information on a regular basis or when having difficulty working with a particular client. Audio or video tapes of counseling sessions are practical ways to collect this material. Tapes allow the counselor to go back and review exact responses. When taping, it is advisable to have the client sign a release.

Bernstein and Hofmann (1987) list eight questions a counselor might ask in self-observation and assessment of individual or group counseling.

1. What was I hearing my client say and/or seeing my client do?
2. What was I thinking about my observations?
3. What were my alternatives to say or to do at this point?
4. How did I choose from among the alternatives?
5. How did I intend to proceed with my selected response(s)?
6. What did I actually say or do?
7. What effects did my response have on my client?
8. How, then, would I evaluate the effectiveness of my response?

Another way of gaining information about process is through consultation with peers or a supervisor. In some offices counselors serve as area experts. Thus, one staff member will specialize in career-oriented issues while another will follow new developments in assessment.

Counselor productivity is a measure of work quantity. It includes number of clients seen, client characteristics, and time spent on goals. This is important information for reporting under a grant or for other reports of work activities. There may be a need to account for the number of handicapped, minority, and other special student populations served (Bishop and Trembley, 1987).

It could be valuable to know, for example, a change in the number of individuals seeking help for anorexia. If this is a growing problem, a school or community-wide intervention may be appropriate.

An increase in the demand for individual counseling for career decision making might suggest additional services in this area. Productivity measures can also serve to justify increased staffing.

Data to collect include student name, grade, gender, race, referral source, problem focus, and results. Also important is date first seen and each subsequent date seen. The counselor can track time usage by recording time spent in each contact and in preparatory and follow-up activities. It is helpful to note the involvement of parents, teachers, or others.

The counselor will need to collect these statistics on a routine basis to remain current. Useful resources are appointment schedules, calendars, daily notes, client files, or tally sheets.

Purpose is a measurement of the accomplishments of personal and professional goals. This involves an assessment of career progress towards meeting personal objectives. Evaluation of purpose provides an opportunity to look at stress factors and potential burn out.

This is an activity to do at marker times; the beginning of each semester, during the summer, or at the end of the year. It is useful to consider personal accomplishments at regular times even without specific goal statements.

At other times the counselor may need to reevaluate purpose in response to outside events. The unexpected death of a client, the loss of a job, an opportunity for a new job, or significant changes in job structure are examples of events that might call for this reevaluation.

## Client Focus

Client-focused evaluation looks at the effectiveness of programs and activities. Areas of interest are client's reactions, client learning, changes in behavior, and program results.

Perhaps the most frequently used form of evaluation in counseling is a measurement of client reaction. Examples of client reactions are attitudes, feelings, impressions, and client satisfaction. Does the client feel that the counselor hears and understands? What is the level of client satisfaction in counseling? Questionnaires and interviews are good ways to get at client reactions.

The client and counselor may hold very different expectations of counseling. Therefore, a short reaction inventory after the first or second counseling session is often helpful.

The counselor would typically collect reaction data, along with other evaluation material, after an activity or at the end of counseling.

In evaluating client learning, the counselor asks if the client has gained concepts, principles, and facts. This evaluation is applicable for a wide range of counseling areas. Among these are instruction in resume writing or job interviewing, weight control and diet counseling, and new student orientation.

It is usually advisable to collect this data as soon as possible after a teaching activity. Pre-post-program questionnaires, interviews, or simulations are among the ways the counselor can get this information.

Some time after the start of a particular activity or intervention, the counselor will be looking for behavior changes in the client. Behavior changes can be assessed through client self-reports, reports from other staff, staff and counselor observations, and simulations.

Pre-post-assessments also work well for measuring behavior change. The Personal Problem Checklist (Schinka, 1984) is an example of a useful self-report. Goal Attainment Scaling (Budde, 1979; Miller et al., 1978) is a method of measuring behavior change that counselor and client do cooperatively.

A simple approach is a client want or goal list. The counselor asks the client what he or she wants from counseling and records this information during the first or second session. The counselor and client review this list at regular intervals to discuss progress in achieving the items on the list or changes in the list which the client may want to make.

Finally, it is beneficial to know the results or actual accomplishments of a program or activity. Has there been any impact on the client? Data that will help in this area includes retention and absenteeism rates, graduation, grades, and job placement information. The time to collect this data is six months to a year after the activity or intervention. Student records and follow-up surveys are two examples of resources for this information.

## SUMMARY

Evaluation is more than just "the right thing to do" in counseling. Effective counselors use evaluation to develop and maintain a professional approach to their work. Evaluation should focus on both the activities of the counselor and the response of the client. It serves as self-supervision and gives a basis for reporting activities and effectiveness. Counselors benefit several others, in addition to themselves, by evaluation activities.

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# Bulimia: A Chronic Condition

*Sandra Early* *Ann Rauls* *Gayle Privette* *Joan Duer*

*Bulimia, characterized by binging and purging, is now recognized as an eating disorder distinct from anorexia nervosa. The diagnostic criteria for bulimia are reviewed, consequences of the illness are discussed, and treatment programs used with bulimia are explored. A short-term treatment group for bulimics in a community mental health center is discussed. Case histories of participating members are given and the treatment process is described as having a support-interactional focus with educational and behavioral components. Some issues relevant to the treatment of bulimia are discussed.*

Bulimia, an epidemic condition among young women today, is difficult to recognize because bulimics appear in control and are reluctant to discuss their situations. Therefore, it is important for professionals working with young people to understand the characteristics and possible complications of bulimia. Five case histories of bulimia, ranging in age from 18 to 36, are discussed in this paper. They represent different aspects of bulimic activity and help clarify the nature and impact of the condition.

Bulimia is the repeated rapid consumption of large amounts of food, usually followed by self-induced vomiting, enemas, laxatives, or diuretics, and possibly fasting or excessive exercise (APA, 1980). Although different forms are used to rid excess food before calories can be absorbed, 90% of bulimics use vomiting as their primary method of purging. (Department of Psychiatry, University of Minnesota, personal communication, January 4, 1982).

Sandra Early, Counselor, Pensacola High School, Pensacola, FL.
Ann Rauls, Counselor, Bellview Middle School, Pensacola, FL.
Gayle Privette, Professor of Psychology, University of West Florida, Pensacola, FL.
Joan Duer, Associate Professor, University of West Florida, Pensacola, FL.

Until recently, the definition of bulimia has been inexact. Hilda Bruch (1973) described bulimia as the binging portion of a binge-purge episode. Russell (1979) described bulimia as a form of anorexia nervosa, while Pyle, Mitchell, and Eckert (1981) viewed bulimia as a separate disorder. In a study of 355 bulimia subjects, only one displayed symptoms of anorexia, differentiating bulimia as a distinct disorder (Halmi, Falk, & Schwartz, 1981). The anorexic fears losing control of eating, whereas the bulimic actually does lose control (Andersen, 1981).

## CHARACTERISTICS OF BULIMIA

Diagnostic criteria for bulimia include: (a) an irresistible urge to eat, (b) self-induced vomiting, laxative, or diuretic abuse, and (c) a morbid fear of becoming overweight (Andersen, 1981). Whereas bulimics tend to have normal or above normal weight, anorexics typically drop at least 25% of the normal body weight (Brody, 1981). Andersen distinguished anorexia nervosa from bulimia by fear of imaginary fatness, severe weight loss, and amenorrhea. However, Lucas (1982) included amenorrhea and other menstrual difficulties in his description of bulimia.

The interplay of personality factors and sociocultural forces have been expressed (Schwartz, Thompson, & Johnson, 1982). Bulimic patients have been found to be older and more extroverted than anorexic patients (Andersen, 1981; Casper, Eckert, Halmi, Goldberg, & Davis, 1980). In addition, Andersen found bulimics more likely to be abusive of alcohol and drugs, prone to self-mutilation, and subject to kleptomania. Bulimics score higher on the Psychopathic scale of the MMPI than anorexics. Other scales which are typically high for bulimics are Depressive, Psychasthenic, and Schizophrenic (Casper, et al., 1980; Pyle, et al., 1981). These scales corroborate the impulsivity, anxiety, and sense of alienation reported by many bulimics.

In an early study by Bruch (1973), those experiencing the typical binge-purge syndrome expressed doubts about their personal adequacy. To exhibit a facade of adequacy, they purged after binging, keeping their weight down and appearing in control (Atchley, 1982). The binge itself usually results in disgust and guilt (Wermuth, David, Hollister, & Stunkard, 1977). The purging, on the other hand, brings relief and may be followed by sleep, another binge, or fasting (Pyle, et al., 1981).

Bulimics typically have high standards, are achievement oriented and perfectionistic, and come from middle and upper classes; 84% have some college (Brody, 1981; Atchley, 1982); and 87% of bulimic college students were found to be women (Halmi et al., 1981). For some women the onset of bulimia may be the result of loss, separation, or problems with significant people in their lives (Pyle et al., 1981).

Bulimics frequently have histories of being overweight (Halmi, et al., 1981), with episodes starting after a stringent diet (Brody, 1981) or periods of anorexia (Andersen, 1981). The average age of onset is eight years (Pyle et al., 1981), as young women are leaving home, going to college, or getting a job (Halmi, 1980). Brody (1987) considers bulimia to be of epidemic proportions on college campuses. The concern with the thin image has encouraged some women to keep their weight below their biological set point (Wooley in Brody, 1981). The Beverly Hills Diet was described by Dr. Susan Wooley as mimicking bulimia by inducing diarrhea naturally from excess fruits.

Bulimics are often impulsive, binging late at night, during times of stress, or during unstructured time. Binges may include three to five times the normal amount eaten during a meal (Andersen, 1981), with an average number of calories consumed being 4,800 with a range from 1,000 to 50,000 (Brody, 1981). In a study of 34 patients, Pyle et al. (1981) found that a typical binge lasts an average of one hour, with some subjects reporting up to eleven binges a week. The foods eaten are typically sweet or starchy foods that require little chewing. Bulimics also frequently ingest large amounts of liquid to dispel the excessive food (Andersen, 1981). The expense of binging may run as high as $50 to $100 a day (Brody, 1981).

## PHYSICAL COMPLICATIONS

Many physical complications may result from bulimia. Pyle et al. (1981) reported that some patients complained of sore throats and gastric discomfort. Also cited are loss of electrolytes, dry mouth, muscle spasm and tetany, swelling of the parotid glands, and scars on the index finger from repeated contact with teeth as vomiting is induced (Mitchell & Pyre, 1982; Russell, 1979). Many bulimics avoid scarred fingers, however, because they learn to vomit on reflex (Pyle et al., 1981). Other very serious problems include alkalosis, cardiac arrest, and arrhythmias (Andersen, 1981). Problems for those using primarily laxatives include damage to the anus (Atchley, 1982) and renal failure (Lucas, 1982). Hospitalization may be indicated for patients with kypokalemia alkalosis, cardiac arrhythmia, dysporia, or suicidal tendencies (Andersen, 1981). Many of these problems, as well as other complications from bulimia, may abate if the purging is discontinued. However, erosion of the dental enamel may be irreversible (Lucas, 1982; Atchley, 1982).

## TREATMENT OF BULIMIA

Atchley (1982) recommends that clients be referred for a dental survey and check-up by an internist before any treatment program begins. Treatment of bulimic clients has included supportive individual and group therapy, cognitive and behavioral control, and chemotherapy.

Because most bulimics feel that they are somehow abnormal and bizarre, group therapy is highly recommended (Andersen, 1981; Pyle, et al., 1981). Frommer, Ames, Gibson, & Davis (1987) reviewed seven reports of short-term group treatment of bulimia. They found: "In general, among the sample students, there was significant reduction in bulimic symptomatology at the end of the short-term group treatment experience" (p. 470).

A group helps relieve the sense of isolation and loneliness, reduce guilt, and increase self-esteem. Some programs recommend including families in therapy as well (Department of Psychiatry, University of Minnesota, personal communication, January 4, 1982). The Minnesota program has clients eat together after a period of relaxation exercises, and then meet in small groups for therapy sessions. Follow-up procedures validate that 40% are abstinent from binges after one year.

Antidepressants may be recommended for some patients only in the beginning stages of treatment (Andersen, 1981). Wermuth et al., (1977) at Stanford University did a double-blind cross-over study using Dilantin in treating bulimia. Those in the group which received Dilantin first and the placebo second continued to improve even with the placebo. However, those who received the placebo first did not start to improve until they received Dilantin. However, 90% returned to their earlier eating habits and EEG abnormalities did not correlate positively with the treatment.

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# Membership Directory

ILLINOIS ASSOCIATION for COUNSELING and DEVELOPMENT
P.O. Box 220 • Charleston, Illinois 61920

Illinois ACD

Divisions
ICES
ISCA
ICPA
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IMHCA

1988-89 IACD Officers

President
Stephany Joy
9048 W. Adams Rd
Macomb IL 61455
(309) 833-4084

President-Elect
Ron Wakely
119 Penny Lane
Macomb IL 61455
(309) 837-3850

Past President
Karen Prichard
R.R. #6 Box 42
Carbondale IL 62901
(618) 549-4278

Administrative Coordinator
Don Meier
407 W. Hayes
Charleston IL 61920
(217) 345-3805

Secretary
Lori Griffin
2534 Elm
Quincy IL 62301
(217) 228-7490

Treasurer
Virginia Rinella
R.R. #2, Box 293 E-6
Murphysboro IL 62966
(618) 687-4000

Fellow Counselors,

The attached directory has been developed to facilitate communication and networking with our colleagues who are active members of the Illinois Association for Counseling and Development. As members of the Association, we have joined together to advance the discipline of counseling, guidance, assessment, and personnel work by offering educational and professional development meetings and conferences, publishing a professional journal, The Quarterly, and participating in the political process to promote the goals of IACD and to protect human rights.

I would like to take this opportunity to thank each and every member listed herein. It is their participation and support which allows IACD to continue its mission.

If YOU would like to become more actively involved in Association activities, please note the listing of the Divisions, Chapters, and Standing Committees and feel free to contact the person listed. IACD exists to serve YOU, the professional counselor, and to promote the profession. I, and the leadership listed in this directory, WELCOME your comments, suggestions, and participation!

Sincerely,

Stephany Joy

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ILLINOIS ASSOCIATION FOR COUNSELING AND DEVELOPMENT

MEMBERSHIP DIRECTORY -- 1989

NOTE Membership in various divisions in IACD is indicated by the following codes:

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ABENE, Robert M. (13)
Counselor
1038 Butternut Lane
Northbrook, IL 60062
312-498-2356

ABRUZZO, Peter J.
Guidance Counselor
25125 Hampton Lane
Lombard, IL 60148

ADAIR, Linda J. (2)
Counselor
412 East First Ave
Monmouth, IL 61462

ADELMAN, Betsy
Counselor
1749 N Wells St #1405
Chicago, IL 60614

ADLER, Milton L.
Psychologist
1507 W. University Ave.
Champaign, IL 61821

ALBRECHT, Romaine
Guidance Counselor
R.R. #1
Ohio, IL 61349
815-376-2811

ALEXANDER, Judith (2)
Student
944 Michigan Avenue
Evanston, IL 60202

ALLEN, Judith (28)
Co-Director - PACCP Program
5204 So Greenwood
Chicago, IL 60615

ALLEN, Rita (2)
Counselor
10 Crystal Court
Pontiac, IL 61764

ALLEN, Ronald W. (2)
Counselor
508 Landau Road
University Park, IL 60466

ALTEKRUSE, Dr. Mike (128)
Past President IGPA
902 Taylor
Carbondale, IL 62901

ANDERSON, David L.
Counselor 9-12
6 Charlestown Ct.
Bolingbrook, IL 60439

ANDERSON, Marlyse (2)
Counselor
2518 29th Avenue
Rock Island, IL 61201
309-786-8983

ANGHILANTE, Louis
Voc Counselor
516 Nightingale
St. Louis, MO 63123

ANTOSKIEWICZ, Melanie (3)
Dir - Residential Life
3700 W 103st Regina H
Chicago, IL 60655
312-779-3300

APPUHN, Susan K. (4)
Counselor
1208 S Commercial
Benton, IL 62812

ARENTSEN, Al (2)
Past President IGPA
855A Johnstown
Wheaton, IL 60187

ARENTSEN, Susan (2)
Guidance Counselor
855A Johnstown Lane
Wheaton, IL 60187
312-617-2426

ARNOLD, Margaret A. (2)
Elem Coun - Career Ed
1500 Independence Avenue
St. Charles, IL 60174

ARSENAULT, Barbara K.
Counselor
639 N Stone Avenue
LaGrange Park, IL 60525

ASHBY, Elise
Elem Guid Coun
Box 143A Hickory Hills
Carbondale, IL 62901

AVERY, Cindy A. (3)
Counselor
1301 Lafayette Avenue #7
Mattoon, IL 61938

AXELROOD, Helen PHD
Private Practice
636 Church Suite 703
Evanston, IL 60201

AXELSON, Dr. John A.
Associate Prof of E
NIU Clg Ed EPSE
DeKalb, IL 60115

AXELSON, Ernestine D.
NIU Asst Professor
223 Ridge Drive
DeKalb, IL 60115
815-753-1461

BABB, E. Maurlea (5)
Director/Owner
1618 N Wilmette
Wheaton, IL 60187

BAIRD, Dave T.
Counselor - EIU
970 Eleventh Street
Charleston, IL 61920

BALABANOW, Larry
Counselor
5521 King Arthur Il
Westmont, IL 60559

BALLARD, Debra J.
Guidance Counselor
R.R. #1, Box 424
Greenfield, IL 62044
217-942-6913

BANTZ, Angela
Guidance Counselor
506 Washington Street
Woodstock, IL 60098

BEST COPY AVAILABLE

BARBER, Blanche (5)
Counselor
1731 East 91st Place
Chicago, IL 60617

BAREFIELD, Lunye Crim (45)
Guidance Counselor
360 Randolph
Glencoe, IL 60022

BARNARD, Ruth
Counselor - Owner
5003 Delmar Street
Rockford, IL 61108

BARNHART, Patricia (124)
R.R. #2, Box 103
Charleston, IL 61920

BARR, Sharon L. (24)
Director Counseling
819 Lawndale
Lacon, IL 61540

BARRETT, Jan
Outreach Counselor
R.R. #5, Box 188
Quincy, IL 62301

BARRETT, Marty (124)
Dir - IL Voc Stud Serv
212 E Main, Box 193
Ogden, IL 61559
217-582-2608

BARRETT-Kruse, Cathy (1)
Professor - Coun & CSP
QCGC 639 38th Street
Rock Island, IL 61201

BARRON, Cynthia K. (2)
Counselor
2020 Stanton Avenue
Whiting, IN 46394
219-659-8140

BARTON, Patricia K.
Head Counselor
2401 Emmaus Avenue
Zion, IL 60099

BASSITT, Dr. William C. (1)
Dir Guidance
PO Box 1211
Palatine, IL 60078

BATO, Gail (15)
PPS Chairperson
401 N Larkin Avenue
Joliet, IL 60435

BAUMBACH, Patti (3)
Counselor/Hall Director
1800 College Avenue
Quincy, IL 62301
217-228-5240

BEAL, Marian (2)
Counselor
1701 South 30th
Quincy, IL 62301
217-224-0711

BEERS, Leetta R. (8)
Student SIU-Edwardsville
3217 Seven Pines Rd
Belleville, IL 62221
618-235-7729

BEERS, Philip G. (3)
2724 Queensway Road
Springfield, IL 62703

BENA, Martin J.
Guidance Director
One Carmel Parkway
Mundelein, IL 60060

BENEDICT, Osf Str. M. (4)
Guidance Director
1602 Main St.
Lemont, IL 60439

BENJAMIN, Tessie E. (25)
Counselor
8211 S Carpenter Street
Chicago, IL 60620

BENNETT, Stephanie
Instructor
1302 S Elm Blvd.
Champaign, IL 61820

BENTLEY, Nancy W. (346)
Dir - Col & Car Dev Ser
24 Westshore Drive
Grayslake, IL 60030

BENTON, Donald L. (1)
Counselor
524 Glenwood Dr.
Rantoul, IL 61866

BILEK, Cynthia B.
Counselor
461 Sunnyside
Elmhurst, IL 60126

BINDA, Marilynn
Counselor
1700 Spartan Drive
Elgin, IL 60120

BINDER, Joe
Counselor
7740 S Western Ave.
Chicago, IL 60620

BINDER, Julius (124)
Guidance Consultant
8809 Golf Road #3C
Des Plaines, IL 60016

BISHOP, John R.
Counselor
710 E 15th Street
Sterling, IL 61081
815-625-7628

BJORKLAND, Larry D.
ACT Asst Dir Midwest Reg
300 Knightsbridge #300
Lincolnshire, IL 60069

BLACK, Joan (18)
Dept Counseling Psychology
1503 E Harrison Avenue
Wheaton, IL 60187

BLACKMAN, Charlotte A. (25)
Teacher Fac/Counselor
11016 South Emerald
Chicago, IL 60628
312-624-4515

BLASIUS, Kenneth W. (2)
Guidance Counselor
406 Chase Avenue
Lombard, IL 60148
312-932-4641

BLISS, Richard H. (456)
Voc Coun-IL Job Service
228 NE Jefferson Street
Peoria, IL 61603

BLOCK, Judith
Program Coordinator
392 Woodland Road
Highland Park, IL 60035
312-432-9123

BLUMFIELD, Roberta (8)
Counselor
1100 Lake Shore Dr 278
Chicago, IL 60611
312-943-2145

BODE, Rita Karwacki (6)
Project Dir - SRA, Inc.
1823 N Thatcher
Elmwood Park, IL 60635

BOLDEN, Gregory (2)
Counselor
300 W Hill Street #202
Chicago, IL 60610

BONHAM, Marsha (8)
Teacher/Student
389 Hiawatha Drive
Lake In The Hills, IL 60101

BOONE, Mrs. Janet (3468)
Counselor
4612 Deyo
Brookfield, IL 60513

BORAH, Gwen (2)
Past President IGPA
2105 Kenwood
Springfield, IL 62704

BOSWORTH, Dorothy S.
Jr-Sr Counselor
O'Fallon Twp. H.S.
O'Fallon, IL 62269

BOWER, Douglas J. (36)
Counselor
100 W. Chestnut #3003
Chicago, IL 60610

BOWER, Marge E. (2)
Counselor
555 W Cornelia #707
Chicago, IL 60657

BOWERS, Pamela (8)
Coord Res Affairs-Student
2619 W Fitch 3C
Chicago, IL 60645
312-274-9175

BOYD, Ann (235)
Counselor
2415 N Peoria Avenue
Peoria, IL 61603

BRADFORD, Dorothy J. (2)
Guidance Counselor
16506 Wood St.
Markham, IL 60426

BRADFORD, Wanda R. (2)
Counselor
17985 Amherst Court
Country Club Hills, IL 60477

BRADLEY, Barbara (2)
Counselor
1050 Sunderland Ct.
Wheaton, IL 60187

BRADLEY, Bobbie J. (5)
Dir - Career Dev Center
7814 S Paxton
Chicago, IL 60649
312-221-0228

BRADLEY, William C. (8)
Psychotherapist
55 E Washington-3000
Chicago, IL 60602

BRADSHAW, Carole (4)
Counselor
PO Box 65
Pittsfield, IL 62363
217-285-5319

BRAININ, Constance (8)
Psychotherapist-Counselor
3330 W Devon Med Bldg.
Chicago, IL 60646
312-775-3133

BRANZ, Marlene Z. (48)
Counselor
606 Grandview Drive
Edwardsville, IL 62025

BRAY, Agis Jr. (5)
Counselor
7800 S Luella Avenue
Chicago, IL 60649
312-947-7202

BRAYLEY, Gretchen (2)
Counselor
22 W 381 Stanton
Glen Ellyn, IL 60137

BRAYMAN, Merry
Counselor
801 Raleigh Road
Glenview, IL 60025
312-492-7820

BREED, Thomas S. (3)
Coun - Allied Health/Nursing
810 East 15th Street
Sterling, IL 61081
815-288-5511

BREIER, Christine A. (2)
Student
2-222 Lamoine Village
Macomb, IL 61455

BRENNAN, A.E.
Vice Pres & General Mgr.
7239 W Lill St.
Niles, IL 60648

BRENNAN, Joan OConnor (5)
Guidance Counselor
2345 N Kenmore
Chicago, IL 60614

BRIGHT, Joy Arlene (2)
Counselor
PO Box 193
Bloomingdale, IL 60108
312-894-4478

BRODBECK, Ellen J (2)
Counselor
249 Trowbridge Rd.
Elk Grove, IL 60007

BROGLY, Edward R. (1)
Professor Coun Ed.
1010 East Kitson Drive
Palatine, IL 60067

BROKKE, Dennis B. (3)
Counselor
1334 W Somerset Lane
Schaumburg, IL 60193

BROOKS, Wallace C. (2)
Counselor
1201 Carrie Avenue
Rochelle, IL 61068

BROWN, Beverly M. (1)
Past President IACD
10 Mockingbird Ln. R2
Carterville, IL 62918

BROWN, David C. (1234568)
Guidance Counselor
3025 Wilmette Avenue
Wilmette, IL 60091

BROWN, Elizabeth A. (8)
Director - Social Service
2015 Milton
Park Ridge, IL 60068
312-692-5600

BROWN, Lynda Jean (8)
Counselor
1304 North Dunton
Arlington Hts., IL 60004

BRUBAKER, Virginia (8)
Private Practice
4942 N Winchester
Chicago, IL 60640

BRUYERE, Donna V. (15)
Coun Ed/Counseling Cnt.
219 Eisenhower Dr. #1
Bloomington, IL 61701

BRYAN, Juanita (5)
Retired Counselor
RR #3
Macomb, IL 61455

BRYANT, Adele (24)
Elem. School Counselor
410 North Reed
Joliet, IL 60435

BRYANT, Betty L.
Dir of Student Nursing LCN
812 North Logan
Danville, IL 61832

BUOSCIO, Jack A.
Professor
9827 S Avenue H
Chicago, IL 60617

BURKE, Noreen Sister (2)
Counselor
6456 W 64th Place
Chicago, IL 60638

BURKS, Judith (8)
Student
34 Lakeview W Drive
Yorkville, IL 60560
312-553-5608

BUSH, Anita (2)
Guidance Counselor
R.R. #1, Box 111
Strasburg, IL 62465

BUSH, Harold PHD
Psychotherapist/Counselor
201 E Chestnut - 17B
Chicago, IL 60602
312-726-7060

BUTLER, Helen O.
Counselor Assoc. Counselor
1455 Stratford
Deerfield, IL 60015
312-234-2668

BUTLER, Homer L.
Dean of Student Services
Sangamon State Univ.
Springfield, IL 62708
217-786-6581

BUTLER, Sue Temby (2)
Counselor/Voc Counselor
2081 Lawson Blvd.
Gurnee, IL 60031

BUTLER, Willis P. (234)
Counselor/College Instr.
6949 South Wabash
Chicago, IL 60637

BUTTS, Dennis R. (2)
Counselor
PO Box 8156
Belleville, IL 62222

CADE, Donna May
Counselor
520 Sumac
Highland Park, IL 60035
312-492-5820

CALABRIA, Francines (2)
Counselor
5048 W 122nd St. #2A
Alsip, IL 60658

CALAWAY, Rebecca Jane (8)
Student
340 Whispering Oaks
Bethalto, IL 62010

CAMACHO, Judith M. (48)
Program Coordinator
332 Clearbrook Ct.
Schaumburg, IL 60193
312-307-9681

CANTLIN, Barbara (2)
Comm. Skills Teacher
903 West Fourth Avenue
Rochelle, IL 61068

CANZONERI, Kent
Graduate Student
199-6 Evergreen Terr.
Carbondale, IL 62901
618-529-3935

CARD, Kathy
Graduate Student
204A Tower Road
Carbondale, IL 62901
618-457-4975

CARICH, Peter A
Counselor
4735 Vincent Avenue
Granite City, IL 62040

CARLSON, Kay
Counselor
5680 N Barrington Road
Morris, IL 60450
815-942-6366

CARLSON, Richard A. (2)
Counselor
801W Kensington Rd.
Mt. Prospect, IL 60056

CARPENTER, Cynthia (25)
Guidance Counselor
422 S Harvey Ave.
Oak Park, IL 60302
312-383-3974

CARR, Mary P. (2)
Counselor
53 Salem Lane
Evanston, IL 60203
312-966-3800

CARROLL, Lynne
Asst Prof Coun/Ed. Psych.
2653 N Orchard 2nd F
Chicago, IL 60614

CARTER, Carol
Counselor
PO Box 616
Jonesboro, IL 62952

CARTWRIGHT, Barbara (5)
Teacher/Counselor
8411 S Dorchester Avenue.
Chicago, IL 60619
312-374-7639

CAVITT, Roger (2)
Counselor
222 Doud Drive
Normal, IL 61761

CECCONI, A. Barry
Therapsit/Director
5 No Wabash #1409
Chicago, IL 60602

CENTANNI, Ronald (2)
Counselor
7418 W 163rd St.
Tinley, Park, IL 60477

CERASOLI, A.D. (346)
Counselor
COD Lambert Rd. & 22D
Glen Ellyn, IL 60137

CHAPIN, Mfldred L. (8)
Art Therapist
903 A Waukegan Rd.
Deerfield, IL 60015
312-940-8134

CHAPIN, Theodore PHD
Dir - Testing & Counseling
6251 Post Oak
Peoria, IL 61615
309-677-2409

CHAVERS, Angelo R. (5)
Counselor/Private Practice
PO Lincoln Pk. - 14254
Chicago, IL 60614

CHEFFER, Robert G. (4)
Past President IGPA
153 Chandler
Elmhurst, IL 60126

CHOMIAK, Renee Delong (8)
Private Practice
PO Box 537
Raymond, IL 62560
217-229-4535

CLARK, Henry (245)
Counselor
311 Keller Ave.
Waukegan, IL 60085

CLARK, Michael (2)
Counselor - Irving School
805 S 17th Avenue
Maywood, IL 60153

CLEMENTS, Donald E. (2)
200 Monteith Ave.
Joliet, IL 60432

CLEMENTS, Sheila (2)
Dept. Admin. - PP Dept.
459 Maple Lane
Elk Grove, IL 60007

CLIMER, Charles (2)
Guidance Counselor
503 Clearwater
Champaign, IL 61821
217-359-9511

COATS, Paul Les
Counselor
116 Maple Lane
New Lenox, IL 60451

COCHRAN, Patricia A.
Counselor
524 DeWitt Street
Murphysboro, IL 62966

CODER, Jack
Counselor
107 Fifth Street
Hampton, IL 61256

CODY, John J.
Department Chairman
201 Rod Lane
Carbondale, IL 62901

COLE, Richard W. (124)
Guidance Counselor
RR #3, Box 198
Thompsonville, IL 62890

COLLINS, Enid W. (25)
Counselor
7947 S Bennett Ave.
Chicago, IL 60617
312-287-8372

COLOSIMO, Mary L. Dr. (8)
Elementary Counselor
68 Venetian Court
Orland Park, IL 60462

COMRS, Mark A. (3)
Student Graduate Asst.
105 Greek Row
Carbondale, IL 62901
618-453-2700

COOK, Barbara A. (38)
Asst. to VP Student Affairs
5500 N St. Louis
Chicago, IL 60625

COOLEY, Helen K.
Dir - Interaction Inst.
2400 W 95th St. #401
Evergreen Park, IL 60642
312-422-1848

COON, Stuart L. (2)
Guidance Counselor
59 Hillcrest Drive
Clinton, IL 61727

COONEY, Judith (124)
Counselor Educator
3502 Huntley Terrace
Crete, IL 60417

COPLAN, Virginia M.
Dir. & Counselor
509 Halligan Circle
Lake Forest, IL 60045

CORBETT, Mary Jo (24)
Counselor
229 Michigan
Elmhurst, IL 60126

CORMIER, D. (8)
Counselor
1257 Dover Lane
Elk Grove Village, IL 60007

CORR, E. William
Guidance Director
4436 Main St. DGN HS
Downers Grove, IL 60515

CORRIGAN, Lavon M. (2)
Dean
228-C South Maple
Oak Park, IL 60302

COTTER, Judith K.
Counselor
#3 Imperial Court
Champaign, IL 61820

CRAIG, John E. (2)
Counselor
306 West Lincoln
Libertyville, IL 60048

CRAWFORD, Jean A. (5)
601 E 32 St.
Chicago, IL 60616

CRAWSHAW, Ted (2)
Counselor
3 South Gladstone
Aurora, IL 60506

CROWELL, Gary
Dir - Guid. & Coun.
PO Box 842
Orion, IL 61273
309-359-0851

CROWLEY, Robert (1)
Professor - Human Dev Coun.
46 Lambert Lane
Springfield, IL 62704

CULLNAN, Daniel P. (124)
Guidance Counselor
1170 Old Mill Drive
Palatine, IL 60067

CURL, Jerry Dr. (3)
Dir. of Counseling
2238 Concord Court
Springfield, IL 62704

CURRAN, Denise (24)
IVSSN Career Guid. Cons.
625 North Wolfe
Sandwich, IL 60548
815-786-8235

CURRAN, Jerry (2)
Counselor
306 Alexander
Edwardsville, IL 62025

CURRY, Maralyn A.
Guidance Counselor
346 Gettsburg Drive
Canton, IL 61520

CURTIS, Anita L. Dr. (1)
Assoc. Prof. Counselor Ed.
1514 Dustin Drive #1
Normal, IL 61761
309-438-7884

CUTLER, Linda S.
Secondary School Counselor
146 Tenth Street
Silvis, IL 61282
309-792-1848

DAHLIN, Curtis J. (2)
Counselor
462 Lakewood
Park Forest, IL 60466
312-624-4515

DANIELS, Diane (2)
Counselor
Rt. #1 Box 88
Carterville, IL 62918

DANIELS, M. Harry (1)
Assoc. Professor - SIU
R.R. #1 Box 88
Carterville, IL 62918

DAVIS, Angela L. Dr. (5)
Dir - Minority Affairs
128 Country Club Lane
Oxford, OH 45056

DAVIS, Angela R.
Counselor
R.R. #1 Box 12C
Assumption, IL 62610
217-226-4451

DAVIS, Nancy LF (8)
Counselor
Rt. #1 Box 374
Carbondale, IL 62901

DAVIS, Phyllis M. (3)
Dir of Guidance
1203 E 164th Place
So Holland, IL 60473
312-339-5325

DAVIS, William R. (5)
Dir Upward Bound
8638 So Vernon Avenue
Chicago, IL 60619

DEABLER, R.A.
Past President
1759 Coral Way YCC
North Ft. Myers, FL 33903

DEANY, Joyce
Elementary Counselor
306 East Cherry
Watseka, IL 60970
815-432-4310

JECKER, Jaems R. Jr. (23456)
Coord. of Counseling
PO Box 514
Charleston, IL 61920
217-345-5380

DENARD, Jeff (3)
Director of Counseling
North Central CLG
Naperville, IL 60566

DENNY, Robert E.
Counselor
505 Lake Avenue
Crystal Lake, IL 60014

DEVOLDER, John (123456)
Past President - IACD
806 S Pearl
Macomb, IL 61455

BEST COPY AVAILABLE 66

DIAMOND, Esther E. (4)
SRA Project Director
721 Brown Avenue
Evanston, IL 60202

DICK, Patricia MA CAC (8)
Counselor Suite 15
28662 W NW HWY
Barrington, IL 60010

DICOSOLA, Ann (2)
Counselor
21W 122 Briarcliff
Lombard, IL 60148
312-495-8709

DIETRICH, Connie
Counselor/Chair Guidance
2429 South Glenwood
Springfield, IL 62704

DILLER, Mrs. Sally (24)
Guidance Counselor
2527 Burgener Drive
Decatur, IL 62521

DILLON, David E. EDD (8)
Asst Professor - Dept Chair
18690 Willow Point
Wildwood, IL 60030
312-566-1155

DINKMEYER, Bob (2)
Counselor
7580 W 124 Place
Palos Heights, IL 60463

DIRST, Larry (2)
Counselor
507 Stevens Court
Sleepy Hollow, IL 60118

DISNEY, Bill R. (2)
Counselor
2411 Willow
Pekin, IL 61554

DOBBIE, Carole F. (1234568)
Dir - Coun. DLB of DuPage
22nd St./Lambert Rd.
Glen Ellyn, IL 60137

DOCKERY, Diane E. (48)
Student
592 Windgate Court
Arlington Heights, IL 60005
312-439-8681

DONLEY, Brian J. (8)
Psychiatric Clinician
430 S 13th Street
Hamilton, IL 62341

DONOVAN, Gary L
MACD Pres-EL Comm Serv Bldg
600 E. Fourth Street
Morris, MN 56267

DONOVAN, John E. (2)
Director of Guidance
804 Grant
Danville, IL 61832
217-267-2183

DOOLEN, Carl P.
Counselor
2325 Barkridge Ct.
Lisle, IL 60532

DORN, Allan G. (4)
Career Counselor
1004 W Oakton
Arlington Heights, IL 60004
312-259-2633

DOWNEY, Patrick
Director of Guidance
2004 Parkway Drive
Bettendorf, IA 52722
319-359-9625

DRAKE, Ellen Marie
Counselor
8360 S Kenwood Avenue
Chicago, IL 60619
312-624-4515

DRANSOFF, Christopher
Principal
1032 South Cuyler
Oak Park, IL 60304

DRAPER, Linda
Counselor
211 Prospect Avenue
Streator, IL 61364

DUIGNAN, Marianne
Counselor
1634 N Wood St.
Chicago, IL 60622

DUNN, Helen Jane
Guidance
2316 Parkview Drive
Springfield, IL 62704

DUNSTAN, Maria (2)
Elem. Counselor
1167 Stacy Lane
Macomb, IL 61455

DURST, Peggy
Counselor
603 W Delaware Street
Fairfield, IL 62837

DUVALL, Rebecca (24)
Coun. - St. Benedict's HS
3900 N Leavitt Street
Chicago, IL 60618

DWYER, Nancy
Counselor
5 Gingerwood Lane
Bettendorf, IA 52722

DYKEMA, Connie A. (2)
Counselor
604 W LeClaire Road
Eldridge, IA 52748

EBERLY, Charles G. (136)
Professor - Ed Psych & Guid
2609 Sixth St. Circle
Charleston, IL 61920
217-345-1465

ECHOLS, Evelyn
Pres - Internat'l Travel
303 East Ohio St.
Chicago, IL 60611
312-787-7336

EDMUNDSON, Judith A.
Counselor
406 Cedar
Arthur, IL 61911

EDWARDS, Jeff (18)
Student
0N053 Evans
Wheaton, IL 60187
312-690-7440

EDWARDS, Kathleen
Student
PO Box 361
Rochester, IL 62563

EDWARDS, Martha A. (2)
Counselor
9 Old Coach Drive
So Barrington, IL 60010

EIDENMILLER, Ramona
Guidance Counselor
RR #2
Ohio, IL 61349

EISERMAN, Judy
Counselor
2042 Windy Hill Lane
Highland Park, IL 60035

EMRRY, Mary Carolyn (2)
Counselor
985 Grove Street
Winnetka, IL 60093

ENDRIZ, Everyln G.
Retired Counselor
6 Kings Court
Westchester, IL 60153

ENGERS, Carolyn (3)
Past President - IGPA
608 Catherine
Joliet, IL 60435

ERDMAN, Cheri
Counselor - Col of DuPage
903 Grant Avenue
Downers Grove, IL 60515
312-963-0346

EVANS, Beverly (3)
Student
1110 E Seneca Place
Peoria, IL 61603

EVANS, Merle A. (2)
Guidance Counselor
R #4 Box 682
Murphysboro, IL 62966

EVANS, Nancy J. (3)
Associate Professor
WIU - Horrabin Hall #74
Macomb, IL 61455

FALDET, Burton W. (6)
1530 N Dearborn Pkwy.
Chicago, IL 60610
312-951-5638

FALLS, Jane K. (24)
Counselor/Dean
233 E. Witchwood
Lake Bluff, IL 60044

FARNUM, Mary Kay (12)
Elem. Counselor
19 Golfview Place
DeKalb, IL 60115
815-753-9325

FARRUGGIA, Gianfranco (48)
Director/Consultant
3534 N Lake Shore Drive
Chicago, IL 60657

FASH, Lois R. (456)
Counselor
107 E. Pearl Street
Farmington, IL 61531

FAUTH, Curtis D.
Counselor - Spalding Inst.
401 NE Madison
Peoria, IL 61603

FEFFERMAN, Carole
Teacher-Student
1837 W 105th Street
Chicago, IL 60643
312-385-6110

FEINGOLD, Carolyn
Psychotherapist
620 Westwood Lane
Glencoe, IL 60022
312-432-6465

FEURER, Virginia (2)
Dean
1111 S Dee Road
Park Ridge, IL 60068

FILEK, Judith E. (348)
Counselor-Educator
Box 1223 RFD
Long Grove, IL 60047

FINCHER, Anne March
Counselor
537 Meadow Drive
Macomb, IL 62455

FINDLEY Gayle (34)
Counselor
42 Saugatuck
Montgomery, IL 60538

FINNANCE, Cora (2)
Guidance Counselor
3737 W 99th Street
Chicago, IL 60642
312-425-4939

FIORILLO, Margaret A.
Director of Guidance
604 Sunset
Paxton, IL 60957

FISHER, Joseph
Asst Supt IL ST BD ED
100 N. First Street
Springfield, IL 62777

FLEMING, Patricia (1234568)
Guidance Counselor
3722 North Paris
Chicago, IL 60634

FLEMING, Philip B. (28)
Counselor
132 E Myrtle Street
Canton, IL 61520

FOREMAN, Howard E. (38)
Student
1177 Furlong Drive
Libertyville, IL 60048

FORNOFF, Debra L. (2)
Counselor
905 Chelsea Place
Washington, IL 61571

FORSYTH, Dolores (2)
Counselor
19W038 Ave. Normandy E
Oak Brook, IL 60521

FORTMAN, Terry (2)
Counselor
312 W Virginia Avenue
Normal, IL 61761

FOULK, Janice (2)
Counselor
2618 Manor Hill Drive
Quincy, IL 62301

FOWLER, Ernie R. (8)
Addictions Coun/Student
Rt #3 Box 425
Harrisburg, IL 62946
618-252-8084

FOWLER, Jeanne
Passt President
Prospect High School
Mt. Prospect, IL 60056

FOX, Vermon C. (5)
Counselor
1162 N LaSalle #2A
Chicago, IL 60610

FRAKER, French (1)
Asst. Professor
1017 West Charles
Champaign, IL 61821

FRANCIS, Patricia Str. (8)
Stu/Dir Office - Ministry
PO Box 5274
Springfield, IL 62705

FRANCK, Dori (2)
Counselor
630 N Forrest Avenue
Arlington Heights, IL 60004

FRANK, Susan (4)
Student/Counselor Intern
646 N Wisconsin
Villa Park, IL 60181
312-530-4697

FRANKLIN, Ernestine (2)
Counselor
1747 E 91st Street
Chicago, IL 60617
312-374-7606

FRANKLIN, Gerald
Guidance Counselor
16070 W Hwy 22
Prairie View, IL 60069

FRANKLIN, Ruby
Retired Counselor
Box 645 Baum Blg. 201
Morris, IL 60450
815-942-6669

FREUNDT, Gayle (2)
Counselor
8001 W Belmont MGHS
River Gove, IL 60171

FRIED, Barbara
Counselor
255 Forest Avenue
Glen Ellyn, IL 60137

FRIGO, Peter T. (3)
Assoc Dir Guid & Coun
4520 Grand
Western Springs, IL 60558

FRITZ, Guy W. (2)
Guidance Counselor
214 Cambridge Drive
Normal, IL 61761

BEST COPY AVAILABLE

FURRER, Samuel W. (2)
Counselor
PO Box 89
St. Joseph, IL 61873
217-469-2772

GALLAS, Walter W. (34)
Asst Dir/Career Development
5510 N Kenmore #3A
Chicago, IL 60640
312-794-2868

GAMBINO, Vincent Dr. (26)
Professor
866 N Columbia Street
Naperville, IL 60540
312-357-1111

GAMSKY, Neal (1348)
Vice-Pres Student Affairs
ISU 506 DeGarmo
Normal, IL 61761

GARDNER, Caren (4)
Psychotherapist
216 Park Lane
Crystal Lake, IL 60014
312-822-4445

GARRY, Constance M.
3304 Alida
Rockford, IL 61103

GAVIN, Judy A. (2)
Counselor
55 S Elmwood Avenue
Palatine, IL 60067
312-359-5952

GAY, Judith R. (8)
Program Coordinator
6752 South Paxton
Chicago, IL 60649

GEERDES, Raymond A. (24)
Illiana CHR H.S.
2261 Indiana Avenue
Lansing, IL 60438

GERRANS, Ken (2)
PPS Director
715 Thornwood Drive
Naperville, IL 60540

GHOLAR, Cheryl R.
Guidance Coordinator
9333 S. Claremont
Chicago, IL 60620

GHOLSTON, Joyce C. (456)
Counselor
1720 East 91st Street
Chicago, IL 61617

GIBLIN, Nan, PhD (1)
Professor
1800 Habberton
Park Ridge, IL 60068

GIBSON, Richard F.
Counselor
33 Circle Drive
Centralia, IL 62801

GILBERT, Norman S. (6)
Professor
127 Altgeld Hl NIU
DeKalb, IL 60115
815-753-6057

GIROTTI, Jorge A. (5)
Assoc Dir/Col Med Health Prog
1853 W Polk #151 CMW
Chicago, IL 60612
312-996-4493

GLADE, Martha (68)
Student
RR #1 Box 286-81
Kankakee, IL 60901
815-933-4233

GLASSON, Carolyn H
Director of Guidance
692 West Woodlawn
Clinton, IL 61727

GODSHALK, James W.
Dir of Counseling Retired
Rt #1 Box 145A
Kendall, WI 54638

GOFF, Dean (2)
Counselor
Morris Comm. HS
Morris, IL 60450
815-942-1294

GOLDBERG, Marsha (456)
Counselor
8840 North Keeler
Skokie, IL 60076

GOLDEN, Sandra (2)
Counselor
R4 Box 189 23 C H Road
Bloomington, IL 61704

GOLDMAN-BINDER, Meryl (8)
Counselor
7306N Winchester Sq.
Chicago, IL 60626

GOMMEL, William K Jr. (2)
Counselor
353 So Sleight St.
Naperville, IL 60540

GONZALEZ, Thomas L. MA (8)
Counseling/Educ Services
1 Prof Plaza POB 40
Litchfield, IL 62056
217-324-6547

GOODFRIEND, Nancy B. (2)
Guidance Counselor
5946 North Ozanam
Chicago, IL 60631
312-775-8408

GORDON, Roger M. (4)
Guidance Counselor
1353 Park Blvd.
Morris, IL 60450

GORDON Roosevelt Jr. (5)
Counselor
2752 W Warren Blvd.
Chicago, IL 60612

GOREY, Lorena A. (2)
Counselor
355 Cumberland Lane
Crystal Lake, IL 60014

GORMAN, William E. (146)
Chair - Dept of Guidance
6530 N Algonquin
Chicago, IL 60646

GORMLEY, Joseph
Counselor
3706 Briar Lane
Hazelcrest, IL 60429

GRAFF, Jean S.
Therapist
112 N E Roanoke
Peoria, IL 61606
309-685-4711

GRAHAM, Kevin C.
IL Comm College Board
314 S 22nd Place
Decatur, IL 62521

GRAMCZAK, Str. Mary E. (23)
Counselor Felician College
3800 W Peterson Avenue
Chicago, IL 60659

GRANDA, Karen L.
Counselor
2106 N Clifton
Chicago, IL 60614

GRANT, Larry B.
Guidance Coordinator
10656 S Seeley Avenue
Chicago, IL 60643

GREEN, Carl K.
Retired Professor
R.R. #2
Kinmundy, IL 62854

GREEN, Elizabeth
Counselor
522 N Batavia Avenue
Batavia, IL 60510

GREENMAN, Margaret H.
Past President of IGPA
12 Sunset Drive
Beardstown, IL 62618

GREENWOOD, Gwendolyn (1234568)
Counselor
9852 S M L King Drive
Chicago, IL 60628

GREER, Larry L.
Counselor
916 41st Avenue
East Moline, IL 61244

GREGORY, Veronica (2)
Counselor
17519 Maple
Country Club Hills, IL 60477

GRIFFIN, Lori
2824 Elm Street
Quincy, IL 62301
217-223-1200

GRIFFITH, George A.
Counselor
16070 West HWY 22
Prairie View, IL 60069

GRIFFITH, Jane (8)
Pres Consulting Co/Counselor
600 N McClure - 2502A
Chicago, IL 60611
312-337-5066

GRISWOLD, Ken (1)
Professor/Counselor
3901 Spring Creek Road
Rockford, IL 61111

GROVES, Edna C. MS (8)
Psychotherapist
39½ W Jefferson - 4
Naperville, IL 60540

GUDAUSKAS, Gerome M. (24)
Career Guid Center IOE-Reg 3
4819 W Crystal Lake Road
McHenry, IL 60050

GUIDOTTI, Patricia (234)
Dir - Career Planning/Place.
Lake Land CLG S Route 45
Mattoon, IL 61938

GUNNING, Laurie MED (6)
Priv Prac/Cons Psych Pres
949 Peregrine Drive
Palatine, IL 60067

GUTHRIE, Wayne T.
Past President IGPA
4828 Oakwood Avenue
Downers Grove, IL 60515

GWYNN, William L. Jr (5)
Guidance Consultant
2 Deercrest Lane
Indiana Head Park, IL 60525

HAAG, Slyvia M.
Counselor
9047 Tamaroa Terrace
Skokie, IL 60076

HABERER, Barbara(2)
Counselor
1012 Williamsburg
Charleston, IL 61920

HADDY, Gloria M. (2)
Counselor
423 Elm St. 5A
Deerfield, IL 60015

HAHN, Mary (4)
Counselor
304 Baylor
Sherman, IL 62684

HALDEMANN, Sue A.
Dir of Hefner Hall
1340 N State Pkway HH
Chicago, IL 60610
312-280-7515

HALL, Lacleta (2)
Counselor
PO Box 163
Zion, IL 60099
312-746-1202

HALLAM, Candi (1)
Counselor
111 Geraldine Street
Green Valley, IL 61534
309-346-2154

HALLONGREN, Eugene (234568)
Past President IACD
379 S Arlington
Elmhurst, IL 60126

HAMILTON, Annette (2)
College Counselor
165 No Kenilworth
Oak Park, IL 60301

HANCOCK, June (5)
Counselor Retired
319 E 82nd Street
Chicago, IL 60619

HANSON Dr. Ernest
Past President
596 Normal Road
DeKalb, IL 60115

HARPER, Ron
Director Student Services
3305 Peach
Mt. Vernon, IL 62864

HARRIS, Jesse B. Jr.
Counselor
7239 Lindell Blvd
St. Louis, MO 63130

HARRIS, Kenneth (3)
Past President - ICPA
College of DuPage
Glen Ellyn, IL 60137

HARTMAN, Barbara A. (1)
Dept Chairman
2957 Battersea Point
Springfield, IL 62704

HARTMANN, Judith (2)
Counselor/Teacher
RR #4 Box 315
Macomb, IL 61455

HARVEY, Mary Ann (2)
Counselor
1128 12th Avenue
Moline, IL 61265

HASTINGS, Michael (28)
Counselor
10628 S Lawler Avenue
Oak Lawn, IL 60453

HAUSER, Karen Fleak (8)
Counselor - Private Practice
234 E Twelfth Street
Alton, IL 62002

HAWKINS J.D. (2)
Counselor
1614 Bryan #1A
Normal, IL 61761

HAWKINS, Mary Lou (2)
Counselor
R #2 Box 88
Salem, IL 62881

HAWLEY, Jane S. (1)
Prof - Counselor Ed NEIU
2332 Lawndale
Evanston, IL 60201

HEATH, Jeanine Str. (456)
Counselor
3900 W Peterson Avenue
Chicago, IL 60659

HEDEMAN, Carol A. ([illegible]8)
Student Intern
2415 E Grandview Avenue
Peoria, IL 61614

HEFTER, Terry
Caseworker - Salvation Army
2728 N Hampden CT
Chicago, IL 60614
312-275-6233

HEIN, Vernon L.
Director of Counselor
433 Vine Avenue HPHS
Highland Park, IL 60035

HELGOE, Christine B. (24)
Counselor
200 Hayward Street #25
Woodstock, IL 60098

HELLENY, Sharon (2)
Counselor-Teacher
500 N 14th Street
Herrin, IL 62948

HELLER, Stephen G. (25)
College Counselor
1140 Mt. Vernon
Lake Forest, IL 60045

HELMKAMP, Joyce (4)
Student
RR #1 Box 408
Kingston, IL 60145
815-825-2061

HEMMANN, Eugene E. (2)
Counselor
6N 105 Weber Drive
St. Charles, IL 60174

HENDERSON, Joan (2)
Counselor
519 Crestview Drive
East Alton, IL 62024
618-656-0485

HENNENFENT, Janet (2468)
Teacher/Counselor
RR #1
Monmouth, IL 61462

HENRY, Bonnie Dr. (3)
Vice Pres Student Affairs
HC Algonquin/Roselle
Palatine, IL 60067

HEPPLER, Madeline E. (8)
111 North Lane Drive
Glen Carbon, IL 62034
618-288-5317

HEROUX, Kathleen (25)
Teacher/Coordinator
5748 North Olcott
Chicago, IL 60631
312-792-0658

HERTE, Ramona W. (8)
Program Specialist MHF
6540 S. King Drive #2A
Chicago, IL 60637

HEYES, Jean (2)
Counselor
715 N Taylor Avenue
Oak Park, IL 60302

HICKS, Dianne K. (2)
Counselor
312N Park Avenue #J
Springfield, IL 62702

HILLS, Chester I.
Guidance Director
15031 Mission Avenue
Oak Forest, IL 60452

HILLS, S.L.
Counselor
15031 Mission Avenue
Oak Forest, IL 60452

HIRE-CUMMINGS, Lisa R. (18)
Psychologist II
5410 Gray Plaza
Scott AFB, IL 62225
217-532-5961

HIRSCHTRITT, Geri
Counselor
933 Locust Road
Wilmette, IL 60091

HISKEY, Marshall
Past President
5640 Baldwin Street
Lincoln, NE 68507

HOEG, Sandra J. (24)
Counselor
1435 Park Avenue
Winthrop Harbor, IL 60096

HOFMEISTER, Myron
Guidance Director
707 Jackson Street
Prophetstown, IL 61277

HOLLIDAY, Stella R.
Counselor
1630 N 73rd Avenue
Elmwood Park, IL 60635

HOLMBERG, Kathy (24)
Counselor
100E George Street #200
Bensenville, IL 60106

HOREIS, William E. (4)
Counselor
862 Auburn Woods Drive
Palatine, IL 60067

HORVATH, Jr Stephen J. (2)
Past President
12133 S 75th Avenue
Palos Heights, IL 60463

HOSHELL, William P. (8)
Mental Health Tech III/Stud
27W050 Cypress Lane
Winfield, IL 60190
312-345-9870

HOULIHAN, Sr. Roberta
Counselor - Spalding Academy
401 NE Madison Avenue
Peoria, IL 61603

HUMMERS, Joann (3)
Counselor
815 Stadium Drive
Macomb, IL 61455

HUMPHREY, Keren M. Dr. (18)
Asst Professor
WIU Counselor Ed - DPT
Macomb, IL 61455
309-298-1661

HURLEY, Beverley
Counselor
417 North Main #3
Bridgeport, IL 62417

HURST, Carolyn
Counselor
1505 Caseyville Avenue
Belleville, IL 62221

HUTCHINSON, Juanita
Counselor
2851S King Drive #1712
Chicago, IL 60616

HUTCHISON, Brad K. (2)
K-6 Coiunselor
106 Weber Lane
Delavan, IL 61734
309-244-7611

HYLANDER, Lenora W. (4)
Past President - IGPA
331-D Oak Hill Road
Lake Barrington, IL 60010

HYLANDER, Raymond A. (4)
Past President - IGPA
331-D Oak Hill Road
Lake Barrington, IL 60010

IACD (12345678)
Box 220
Charleston, IL 61920

IFTNER, Cary
Director of Guidance
1914 Zschokke Street
Highland, IL 62249

IHNEN, Marlene J. (34)
Coord - Placement Services
RR #1
Clayton, IL 62324

ILLOVSKY, Michael E. (456)
Counselor
312 Elting
Macomb, IL 61455

INBODY, Audrey M.
858 Partridge Drive
Palatine, IL 60067

BEST COPY AVAILABLE

IMBODY, Noah M. (1)
Asst Prof Counselor Ed
858 Patridge Drive
Palatine, IL 60067

IVERSEN, Karen (2)
Counselor
60 Carriage Hill
Macomb, IL 61455

JACQUES, Camille M.
Counselor
300 Park Avenue #650
Calumet City, IL 60409

JAMES, Mary M. (15)
Counselor
5045 W West End
Chicago, IL 60644

JASKOSKI, Mike (2)
Guidance Counselor
RR #1 Box 102
Wataga, IL 61488
309-375-6316

JEZUIT, Thomas
Counselor
2743 West 23 Place
Chicago, IL 60608

JOCHEM, Raymond F.
Retired Counselor
2047 College Avenue
Quincy, IL 62301

JOHNSON, Dr. James J.
Asst Prof Psychology
ISU Dept of Psychology
Normal, IL 61761
309-452-3314

JOHNSON, Edward
Counselor
1402 Devonshire Drive
Joliet, IL 60435

JOHNSON, James I.
Guidance Counselor
700 N State Street
Geneseo, IL 61254
309-944-2662

JOHNSON, Johanna (2)
Guidance Counselor
156 Roberts Road
Bolingbrook, IL 60439
312-972-9469

JOHNSON, Kenneth
Guidance Counselor
2119 Marigold
Pekin, IL 61554

JOHNSON, Richard (456)
Counselor
Box 548
Anna, IL 62906

JOHNSTON, Robert
Guidance Director
1806 Norfolk
Westchester, IL 60153

JONES, Barbara A. (2)
Teacher
7100 N Fox Pt Rd #4
Peoria, IL 61614

JONES, Twyman Dr. (15)
Counselor Educator
105 William Drive
Normal, IL 61761

JONES, William Lacour (458)
Counselor
11204 Sangamon
Chicago, IL 60643
312-568-9728

JORDAN, Joseph A. (4)
Career Guidance/Counseling
488 Pueblo Trail
Wheeling, IL 60090
312-392-4312

JOY, Stephany (1234568)
Counselor
2048 W Adams Road
Macomb, IL 61455

JUDY, Judith C. (2)
Counselor
23019 Bruce
Richton Park, IL 60471

JUSTICE, Susan (2)
Counselor
RR #3 Box 282A
Eldorado, IL 62930

KALBER, David (2)
Counselor
5327 Sandpiper Place
Loves Park, IL 61111

KAMINKY, Sue
Student
1960 Selmarten #3808
Aurora, IL 60505

KAMINSKI, Ethel M.
Counselor
9749 S Pemberly
Palos Hills, IL 60465

KAMINSKY, Elaine (2)
Counselor
528 Lee Street #2F
Evanston, IL 60202
312-869-2640

KAPLAN, Linda D. (2)
Counselor
5836 N Artesian
Chicago, IL 60659
312-784-5920

KAPPES, Frank E. (2)
Counselor
2210 Fuller Street
Rolling Meadows, IL 60008

KARHANEK, Gayle
Dir Pupil Personnel Serv.
16070 West HWY 22
Prairie View, IL 60069

KAROW, Barry (3456)
Dir-Counseling-Elgin CLG
1700 Spartan Drive
Elgin, IL 60120

KATSCHKE-HANSEN, J. (8)
Counseling/Therapy
9706 S Hamilton
Chicago, IL 60643
312-238-3113

KAUFMAN, Janice L. (2)
Counselor
1900 Stroble Avenue
Mendota, IL 61342

KAYSER, Lynda L. (1)
Professor
26 Circle Drive
Charleston, IL 61920
217-345-1563

KEATING, Dolores (2)
Counselor Coordinator
3124 West 85th Street
Chicago, IL 60652

KEEL, Linda P. PHD (1)
Asst Prof Counselor Ed NIU
NIU 5550N St. Louis
Chicago, IL 60625

KELBER, Harvey (28)
Counselor
413 Brookside
Wilmette, IL 60091
312-593-6166

KELLY, Kevin John (2)
Vocational Evaluator
3416 Parthenon Way
Olympia Fields, IL 60461

KELPSAS, Judith C. (8)
Therapist-Trainers
530 Clinton Avenue
Oak Park, IL 60304

KENDRICK, Gladys (2)
Counselor
4554 Provincetown
Country Club Hills, IL 60477

KENEALY, Amy T. (2)
Counselor
22335 South Chappel
Sauk Village, IL 60411

KENNING, Rita (2)
Freshman Counselor
8001 Belmont Avenue
River Grove, IL 60171

KEOGH, Kathleen
Counselor
3255 North Lockwood
Chicago, IL 60641

KERBER, Joane E.
Counselor
Rt #2 Box 143
Sheffield, IL 61361
800-843-7430

KIESO, Debra (2)
Gudiance Counselor
1 Candlewood Drive #5
Springfield, IL 62704

KIMBLE, Sandy
Student
4105 Charleston #1E
Matteson, IL 60443

KING, David (6)
Counselor
Thompson Jr High
Oswego, IL 60543

KIRBY, Inabell T.
Past President
1312 S 21st Street
Decatur, IL 62521

KJOS, Diane L. (14)
Counselor
RR #1
Mokena, IL 60448

KLEINSCHMIDT, Linda
Counselor
8 Aberdeen Road
Hawthorn Woods, IL 60047

KLEM, Yonah EDD
Coun/Psychotherapist/Prof
206 N Columbia
Naperville, IL 60540

KLING, Steven R. (348)
Student
1001 Greglynn
Rockford, IL 61111

KLOKER Lois M. (4)
Teacher - Retired
Kansas, IL 61933

KNEALE, Bernard (2)
Elementary Counselor
144 Circle Drive
Herrin, IL 62948

KNICLEY, Bruce D. (2)
Dean
635 S Yale Avenue
Addison, IL 60101

KNIGHT, Sue
Director of Guidance
1100 Keokuk St HHS
Hamilton, IL 62341

KNUPPEL, Dale Marie (8)
Student
415 E Franklin
Havana, IL 62644

KOLZOW, Janet (234)
Teacher/Student
9 Arthur Avenue
Clarendon Hills, IL 60514

KORBEL, Mary H.
Counselor
4N 086 Wild Rose Road
St. Charles, IL 60174

KOSCIELNIAK, Sandra (8)
Dir-Thornton Twp Youth Comm
333 E 162nd Street
South Holland, IL 60473

KOSIEK, Loretta (8)
Teacher/Counselor
1505 E Central Road
Arlington Heights, IL 60005

KOZIK, Patricia (46)
Director - Career Options
6N373 Oakwood Drive
St. Charles, IL 60175
312-584-8721

KRATOCHVIL, Susan K.
Teacher/Staff Development
190 East First
Braidwood, IL 60408

KRIZMIS, Rena
Assoc Prof
14816 Riverside Drive
Harvey, IL 60426

KROUSE, Paul
Pres - Ed Communications
721 N McKinley Road
Lake Forest, IL 60045

KRUEGER, Linda (45)
Rehab Counselor/Student
857 South Lincoln
Springfield, IL 62702
217-793-7740

KRUMWIEDE, Erwin (2)
Counselor
911 Washington
Beardstown, IL 62618
217-323-5097

KUBISTAL, Patricia B. (26)
Principal
5111 N Oakley Avenue
Chicago, IL 60625

KUHN, Maria (8)
Counselor - Private Practice
132 N Washington
Naperville, IL 60540

KUMMERER, Barbara A. (8)
Graduate Student
600 Monroe Avenue
River Forest, IL 60305

KUNZEMAN, Nancy S. (2)
Counselor K-12
RR #1 Box 34
Arenzville, IL 62611
309-329-2156

KURIEN, Abraham
Dir - Kurien's Center
552 W Broadway
Bradley, IL 60915

LAFABER, Cheryl
Student
121 South Fraser
Kankakee, IL 60901
815-939-2204

LAMB, Gail A. (3)
Counselor
215 Woodland
Bloomington, IL 61701
309-828-8718

LANE, Claudia
Counselor - EIU
923 Westgate Drive
Charleston, IL 61920

LANIER, James E. (5)
2201 Claremont Drive
Springfield, IL 62703

LAROCHELLE, James C. (2)
Guidance Counselor
2104 Grant Street
Evanston, IL 60201

LARSEN, Darlene PHD (2)
Director of Guidance
2316 Willemore
Springfield, IL 62704

LARSEN, Mary Ann (23)
Counselor
19022 Loomis Avenue
Homewood, IL 60430

LARSON, Linda L.
Counselor/L.P.N.
1112 E Elm Street
Taylorville, IL 62568

LASER, Eleanor PHD
Counselor & Therapist
7305 N Kostner
Lincolnwood, IL 60646

LASKASKY, Cheryl E. (2)
Elementary Guidance
120 N Grant Drive
Addison, IL 60101

LATTA, Judy Gale (8)
Clinical Director
1001 South Park
Effingham, IL 62401
217-347-5992

LEACH, Alan C. (8)
Mental Health Counselor
100 Ellis Avenue
Normal, IL 61761

LEACH, Linda (2)
School Counselor
100 Ellis Avenue
Normal, IL 61761
309-454-3025

LECLERCQ, Robert
Director of Guidance
St. Bede Academy
Peru, IL 61354

LEE, Carolyn M. (4)
8041 South Yates
Chicago, IL 60617

LEE, Doris
Counselor Retired
RR1 Box 275
Casey, IL 62420

LESNICK, Catherine S. (8)
Student
RR#2 Box 423
Murphysboro, IL 62966

LEVEY, Martha C.
Counselor
PO Box 433
Argenta, IL 62501

LEVINSON, Sharee (2)
Counselor
5029 Greenleaf
Skokie, IL 60077
312-637-3568

LEWIN, Glenn Scott (4)
Student/Counselor
950 Skokie Blvd. #205
Northbrook, IL 60062

LEWIS, Kathy
Counselor - Lincoln College
1252 N College
Decatur, IL 62522
217-735-5246

LIGGITT, A. Christie (2)
Student
2216 45th Street
Rock Island, IL 61201
309-788-4084

LIMOGES, Kathi
Executive Dir Family Coun
122 W Downer Place
Aurora, IL 60506

LINDSTEDT, Karole
Holistic Psychotherapist
5005 Charles Street
Rockford, IL 61108
815-398-5569

LIPSCH, Jerald (8)
Director
1234 Valley Lake Drive
Schaumburg, IL 60195

LISKA, Ed (456)
Counselor
912 Sanborn
Palatine, IL 60067

LITSTER, Sandra J. (2)
Counselor
4537 Johnson Avenue
Western Springs, IL 60558
312-246-2017

LITTLE, Mary E. (5)
Counselor
1111 Waukegan Rd #14
Lake Forest, IL 60045

LIVERS, David L. (12346)
Past President IGPA
8 Grandview Drive
Normal, IL 61761

LIZAK, Irene (2)
Counselor
678 Regent Lane
Prospect Heights, IL 60070

LONG, Cheryl Ann (24)
Guidance Counselor
506 Huber Lane
Glenview, IL 60025
312-451-3046

LONGFELLOW, Richard L. (24)
Past President IACD
302 Hubbell Drive Apt. C
Dixon, IL 61021
815-284-8406

LOOK, Yvonne J.
Counselor
RR #1 Riggert Road
Metamora, IL 61548

LOOS, Elizabeth J.
Counselor
6297 Trinity
Lisle, IL 60532

LOUBERE, Frances (4)
Counselor
Kishwaukee College
Malta, IL 60150
815-758-4510

LOUCK, Nancy J. (2)
Guidance Counselor
2229 Daffodil
Joliet, IL 60435

LOVELASS, Harry D.
Past President
35 Knollcrest Court
Normal, IL 61761

LOZIER, Chris
Counselor
1700 Spartan Drive
Elgin, IL 60120

LUBOFF, David R. (1234568)
Teacher-Student
1608 W Granville Avenue
Chicago, IL 60660

LUECK, Lois J.
Guidance Director
20 Steven Court
Macomb, IL 61455

LUND, Beverly Korby (2)
Training Specialist
811 Kelly Avenue
Joliet, IL 60435

LUND, Caren A. (24)
Special Education
1333 Inverness Drive
Elgin, IL 60120

LURTZ, Patricia K.
Counselor
R 1 Bx 12 Milburn Road
Caseyville, IL 62232

LUSK, Peggy J. (3)
Counselor
5725 S Holmes Avenue #5
Clarendon Hills, IL 60514

LYONS, Edward J. (4)
Director - College Guidance
10155 S Ewing Avenue
Chicago, IL 60617

MAC DONALD, W. Burke (24)
Guidance Director
430 E Greenhill Lane
Schaumburg, IL 60193

MACK, Tom
Counselor
835 Lake Holiday Drive
Sandwich, IL 60548

MACLEAN, Marjorie C. (45)
Guidance Counselor
5875 Crampton Court
Rockford, IL 61111
815-874-9539

MACRI, James
Counselor
2912 Birch Road
Homewood, IL 60430

MAIER, Ronald A. (8)
Life Enhancement Services
206 West Kelsey
Bloomington, IL 61701

MAKELY, Ethel MA CAC (8)
Counselor
4730 Main Street
Downers Grove, IL 60515
312-719-4595

MANNING, Donna
Counselor
HCHS 55th Grant
Hinsdale, IL 60521

MANNO, Eileen
Counselor
7 N Pine Street
Mt. Prospect, IL 60056
312-392-4050

MAPES, Sandra A.
Counselor
371 Grandview Avenue
Glen Ellyn, IL 60137

MARKWOOD, Alan
Intouch Coord/Lighthouse
702 West Chestnut
Bloomington, IL 61701

MARSHOFF, Michael L. (2)
Counselor
524 W Noleman
Centralia, IL 62801
618-532-6986

MARTIN, Don (1)
Asst Professor
WIU Dept Counselor Ed
Macomb, IL 61455

MARTIN, Jim (3)
Counselor
16010 W HWY 22 AESNS
Prairie View, IL 60069

MARVIN, Lelia C.
Dir of Guidance - Retired
R #1 Box 516
Carbondale, IL 62901

MATHEWS, Martha J. (12)
427 Woodland Road
Highland Park, IL 60035
312-433-4175

MATTHIES, Richard L. (2)
Dean
835 N Cuyler
Oak Park, IL 60302

MATZNER, Ken (1)
Asst Prof Coun & Guid
RR #5 Box 15
Charleston, IL 61920

MAVROS, Judy
Counselor - Elgin Comm CLG
1700 Spartan Drive
Elgin, IL 60120

MAY, Roger A. (3)
Admin - Wright College
3400N Austin Avenue
Chicago, IL 60634

MC AFOOS, Millicent (3)
Counselor
1213 Hazel Drive
Alton, IL 62002
618-466-3411

MC CABE, Virginia L.
Counselor
10904 Lawndale Avenue
Chicago, IL 60655

MC CLORY, Kay M.
Counselor
18200 Wildberry Drive
Glenview, IL 60025

MC CLURE, Stephen (2)
Counselor
PO Box 2
Matino, IL 61546
309-968-6464

MC CONNELL, Elisabeth
Career Coun & Guid
RR #7 Box 47
Quincy, IL 62301

MC CORKLE, Owen R. (24)
Guidance Director
247 Drexel Ct.
Decatur, IL 62521
217-429-6551

MC CORMICK, Carole (28)
Director of Counseling
8001 Belmont Avenue MGHS
River Grove, IL 60171

MC COY, George A. (2)
Guidance Counselor
654 West Road
Lombard, IL 60148

MC COY, Terry D.
Counselor
Box 32A
Kaneville, IL 60144

MC CRAITH, Clara E.
Guidance Director
1809 N Peoria Avenue
Peoria, IL 61603

MC CRARY, Jack W. (3)
Counselor
4965 W Lori Ln. RR #3
Elgin, IL 60120

MC FARLAND, Joseph E. (2)
School Counselor
2651 W Lawrence 1B
Springfield, IL 62704
217-787-7185

MC GARIGLE, Joan
Counselor
316 Franklin St.
Fisher, IL 61843

MC GINN, Patricia (8)
Therapist
5847 S Blackstone Avenue
Chicago, IL 60637

MC GOVERN, Mary C. (28)
Student
1004 North Ridge
Arlington Heights, IL 60004
312-259-2973

MC GRATH, Deborah A.
Therapist
130 North Prairie
Batavia, IL 60510
312-879-2859

MC GREGOR, Lorna H.
Counselor
PO Box 369
Battle Ground, IN 47920

MC HUGH, Dan (2)
Dean
228 E South Maple
Oak Park, IL 60302

MC LAUGHLIN, Virginia
1405 Heatherton Drive
Naperville, IL 60540

MC MILLAN, Michael (58)
Employee Asst Prog Coord
7130 S Jeffery #503
Chicago, IL 60649
312-363-4486

MC NAMARA, Jane (24)
Phy Ed Teacher
1105 Shermer Road
Northbrook, IL 60062

MC NAMEE, Rev C. (1246)
Counselor
1245 North Court Street
Rockford, IL 61103

MELAMED, Audrey R.
Counselor
388 Park Avenue
Highland Park, IL 60035

MENDELL, Catherine (2)
Counselor
RR #1 Box 370
Kankakee, IL 60901

MENEGHINI, Pat MA (8)
Counselor
9910 W 88th Street
Oak Lawn, IL 60453
312-425-8300

MEYER, Jerry
Guidance Director
437 Atwater
Elmhurst, IL 60126

MEYER, Paul (2)
Chair Guidance Dept
Kankakee High School
Kankakee, IL 60901

MEYERING, Dr. Ralph A. (1)
Prof of Educ & Psych
Illinois State University
Normal, IL 61761

MEYERS, Carol (8)
Counselor
314 S Campbell
Macomb, IL 61455

MICHMO, Dorothy A. (2)
Counselor
725 Shepard Ct.
Gurnee, IL 60031

MICK, James F.
Guidance Counselor
2315 Brown Street
Alton, IL 62002

MIKULECKY, Richard J.
Counselor
127 W 18th Street
Lombard, IL 60148

MILLER, Diane E.
Student/Legal Assistant
6828 N Wayne #1B
Chicago, IL 60626
312-274-6973

MILLER, Don E. (2)
Counselor
1002 Washington Street
Wauconda, IL 60084
312-526-3494

MILLER, Frank
Past President
1810 Balmoral Lane
Glenview, IL 60025

MILLER, Jeanne (2)
Counselor
8001 W Belmont MGHS
River Grove, IL 60171
312-453-6233

MILLER, Margaret C.
Coun/Elk Grove High School
500 W Elk Grove Blvd.
Elk Grove Village, IL 60090
312-439-4800

MILLER, Michael S. (3)
2808 Sheridan Road
Evanston, IL 60201

MILSTEIN, Ruth F.
Counselor
1011A N Harlem Avenue
Oak Park, IL 60302

MITCHELL, Diana
Counselor
318 South Prospect
Wheaton, IL 60187

MITCHELL, Jack E. (2)
Guidance Director
605 Kring Lane
Fairbury, IL 61739

MITTENDORF, Judith R.
Guidance Counselor
R #6 Box 415
Murphysboro, IL 62966

MOCHEL, Sharon (2)
Counselor
1514 Bates Road
Joliet, IL 60433

MODERSON, Christopher (3)
Res Dir - Rockford CLG
5050 E State Street
Rockford, IL 61101

MOG, Nancy (2)
Guidance Counselor
810 Belleville Street
Lebanon, IL 62254

MOHAN, Jim (2)
Director of Guidance
55th & Grant St. HCHS
Hinsdale, IL 60521

MOLER, Donald L. (13)
Past President IGPA
407 West Hayes
Charleston, IL 61920

MONGE, Barbara (2)
Counselor
4 Linda Lane
Taylorville, IL 62568

MONKEN, Nancy L. (2)
Guidance Counselor
216 Doxbury Lane
New Lenox, IL 60451

MONTGOMERY, Lynne D. (3)
Dept Mgr/Educational Coord
2007 Butternut Lane
Northbrook, IL 60062
312-942-5402

MOON, Joyce Ann (12)
The College Board
1800 Sherman Avenue #401
Evanston, IL 60201

MOORE, Mary (2)
Guidance Coordinator
103 William Drive
Normal, IL 61761

MOORE, S.B. (356)
Dean - Academic Development
EIU Old Main 309
Charleston, IL 61920

MORGAN, Mary F.
Counselor
140 Forest Park Road
Ottawa, IL 61350

MORGAN, Nancy (245)
Counselor
823 West Downer
Aurora, IL 60506
312-892-0466

MORIARTY, Anthony (2)
Director P.P.S.
Sauk Tr Westwood Drive
Park Forest, IL 60466

MORRIS, Sherrill N.
Guidance Counselor
RR #2
Metamore, IL 61548

MORSE, Carol (2)
Counselor
1200 W Washington
Springfield, IL 62702
217-787-5402

MOSKOW, Audrey J.
Counselor
1380 Oakwood Avenue 1503
Des Plaines, IL 60016

MUELLER, Janice W.
Counselor
6838 Kingston
Tinley Park, IL 60477

MULL-ULANOWSKI, Doona (8)
Pres - Personal Growth Inc.
1032 Samson Drive
University Park, IL 60466
312-748-9033

BEST COPY AVAILABLE

MULVANEY, Alice (2)
Counselor Jefferson HS
825 Pearson St. #3E
Des Plaines, IL 60016

MULVEY, Kathryn (24)
Counselor
8444 W Wilson #304S
Chicago, IL 60656

MURDOCK, Patricia (2)
Guidance Director
400 N Lake Street GHS
Grayslake, IL 60030

MURRAY, F. Sue (2)
Counselor
5621 N Virginia
Chicago, IL 60659

MURRAY, Sheron (2)
Guidance Director
RR #4 Box 239A
Centralia, IL 62801

MYER, Rich PHD (168)
Asst Professor
Graham Hall C Ed NIU
DeKalb, IL 60115
815-753-1461

MYERBERG, Robin (2)
Teacher
224 Stanton Court W
Buffalo Grove, IL 60089

NARDI, Dominic
Counselor
936 N Ashland Avenue
Chicago, IL 60622

NAVARROLI, Pamela (23)
7225 W Division #1
River Forest, IL 60305

NEJEDLO, Bob (123)
Past President IGPA
NIU Couns Ed LEPS
DeKalb, IL 60115

NELSON, Marjorie L. (8)
Clinical Therapist III
7653 S Oglesby Avenue
Chicago, IL 60649

NEMIROW, Joel A. (8)
100E Bellevue PL-25F
Chicago, IL 60611
312-649-6883

NEUDECKER, Ladonne
Counselor
32 Edgewood Lane No.
Centralia, IL 62801
618-532-7860

NEWBORN, Julius D. (2)
Counselor
9623 S Parnell Avenue
Chicago, IL 60628

NICHOLS, Margaret (48)
Student
1049 Tamarack Lane
Libertyville, IL 60048
312-367-7454

NICHOLSON, Nancy (2)
Guidance Counselor
1330 Wellingtonway 2G
Decatur, IL 62526
217-468-2121

NICKENS, Jane S. Ph.D. (8)
Psychotherapist
302 South Kitchell
Olney, IL 62450
618-392-3171

NORTHEASTERN IL UNIV.
Library Serials Dept.
5500 N. St. Louis Ave.
Chicago, IL 60625

OBRIEN, Charles R.
WIU counseling Center
Macomb, IL 61455

ODELL, Kathryn M. (2)
Counselor
25 S Stongington Drive
Palatine, IL 60067

OHERN, Frances M.
Student
839 McKinley Avenue
Mundelein, IL 60060

OLIVER, Vicki L. (34)
Career Planning Counselor
1021 W State St #3
Sycamore, IL 60178
815-895-7932

ONEILL, Elizabeth E. (2)
Counselor Retired
4111 N Pueblo Avenue
Chicago, IL 60634

ONOFRIO, Angelo M. Jr. (2)
Counselor #402
1005 Des Plains #402
Forest Park, IL 60130

ORBAN, Gerald (4)
Counselor
30 Merlin Drive
Rochester, IL 62563

OREILLY, Mary Ellen (2)
Counselor
6037 West Byron Street
Chicago, IL 60634

OSGOOD, Ramona (2)
Counselor
2N460 Lloyd
Lombard, IL 60148

OVERTON, Paul D. (14)
Professor
EIU Ed. Psych. & Guid.
Charleston, IL 61920

PACATTE-WALKER, M.J.
Counselor
1658 Vermont Drive
Elk Grove Village, IL 60007

PACE, Steven P. (8)
Therapist
302 S Market Box 175
Bondville, IL 61815
217-863-2764

PALMER, Elizabeth A. (24)
Counselor
11912 S 75th Avenue
Palos Heights, IL 60463

PALMER, Randy Bro CSV (15)
Counselor/Outreach Worker
4170 West Addison
Chicago, IL 60641
312-528-2767

PAULUCH, Zelinda (2)
Counselor K-8
1717 Leonard Avenue
McHenry, IL 60050

PANCRAZIO, James J. (1)
Sangamon SU BRK 331
Springfield, IL 62708

PARKER, Emanuel
Counselor
606 Gordon Terrace
University Park, IL 60466

PARRISH, Marica (2)
Counselor
R.R. #1
Cameron, IL 61423

PATRICE, Sister (4)
Counselor Acdy of our Lady
1309 W 95th Street
Chicago, IL 60643

PATTERSON, Maude (25)
Counselor
10512 S Forest
Chicago, IL 60628
312-468-2980

PAUL, Gerald
Counselor
PO Box 270
Aurora, IL 60507

PAVLIK, Randolph
Guidance Counselor
PO Box 318-G
Mokena, IL 60448
815-485-6386

PEACOCK, Sonjia (3)
Counselor
120 Norwood
East Alton, IL 62024

PEEBLES, James D. (1238)
Dept. Defense ASVAB Test Sp
1700 S Wolf Road
Des Plaines, IL 60018

PENLAND, Marilyn (2)
Counselor
955 N Elmwood Drive
Aurora, IL 60506
312-859-3776

PENSTIL, Roselyn M. (8)
Counselor
Town & Country MHP27
Carbondale, IL 62901

PERIODICALS CLERK
SIU Morris Library
Carbondale, IL 62901

PERPITCH, Samuel L. (24)
Counselor
106 Essex Place
Barrington, IL 60010

PERSKI, Thomas B. (48)
Counseling Coordinator
219 E Cole Avenue
Wheaton, IL 60187
312-690-7115

PETERSEN, Christine (8)
Counselor
117918 Leaf River Road
Egan, IL 61026
815-738-2713

PETERSEN, Nancy (8)
Counselor
14427 Beacon Avenue
Orland Park, IL 60462

PETERSON, James (14)
Guidance Director
600 N Jefferson
Streator, IL 61364

PETERSON, Judy (2)
Guidance Counselor
802 N East Street
Plano, IL 60545

PETERSOn, Mary Jane (2)
Dean
1021 N Euclid
Oak Park, IL 60302

PETITH, Jean (58)
Student/Counselor
R.R. #1 Box 286
Carbdondale, IL 62901

PETOK, Carol A PhD (8)
Counselor--Mental Health
10025 S Western Avenue
Chicago, IL 60643

PFAFF, Nancy B. (6)
607 Terrace Drive
Carbondale, IL 62901
618-457-2533

PHILLIPS, Ron
Guidance Counselor
21377 W Sarah Drive
Lake Villa, IL 60046

PIETRAZAK, Sharon L. (456)
Pre-Therapist
43413 W 207th Street
Matteson, IL 60443

PINKARD, Rita E.
Elem. School Counselor
302 Dogwood
Park, Forest, IL 60466
312-481-8106

PITCHER, Judy (2)
Coordinator/Caseworker
15763 Patch Road
Morrison, IL 61270

PITMAN, Delight (2)
Counselor
532 Palmyra Road
Dixon, IL 61021

PLANTE, Eugene E. (4)
Director - Training Dept.
1225 Perrysville Road
Danville, IL 61832

PLUHAR, Patricia (2)
15504 Orlan Brook Drive
Orland Park, IL 60462

PLUNKETT, Lori
Graduate Student
1 Candlewood #5
Springfield, IL 62704

POGUE, Christine A. (2)
Guidance Counselor-Teacher
330 N Summit Avenue
Decatur, IL 62522

POINDEXTER, Daisy (25)
Counselor
7617 So Rhodes
Chicago, IL 60619

POLIKS, Olive B.
Life Skills Teachers
350 Old Indian Tr. W
Aurora, IL 60506

POLZIN, Bob (2)
Counselor
333 E Parkway Drive
Wheaton, IL 60187

POND, Sheila (4)
Dir. - Career Planning Serv.
879 Duane
Glen Ellyn, IL 60137
312-469-6270

PONTIUS, Eliot (8)
Student
231 S Clinton Ave. #1
Oak Park, IL 60302

PORTERFIELD, Chris (3)
Student
832½ N Eleventh
DeKalb, IL 60115
815-753-9420

POSADA, Armando (56)
Substance Abuse Couns/Stud
2915 W George Street
Chicago, IL 60618

POWELL, Terri (6)
Counselor
7847 Woodridge Drive
Woodridge, IL 60517

POWERS, Margaret S.
Therapist/Private Practice
753 W Brompton Avenue
Chicago, IL 60657
312-348-4266

PRIBYL, Robert J.
Counselor
379 E 550 South
Kouts, IN 46347

PRICE, Kathleen M. (24)
Guidance Counselor
249 Comet Drive R-CHS
Braidwood, IL 60408
815-458-2166

PRICHARD, Karen K. (1)
Asst. Professor
Rt #6 Box 42
Carbondale, IL 62901

PRICHARD, Sandra W. (8)
Psychotherapist/Voc. Coun.
1S 540 Sunnybrook Road
Glen Ellyn, IL 60137
312-469-9524

PRINCE, Peggy (2)
Counselor
264 L East Bailey
Naperville, IL 60565

PROVINES, Bradley J.
Student/Wellness Counselor
408 S Poplar Street #5
Carbondale, IL 62901

PULEO, Joseph III MA (8)
Counselor/Therapist
218 S Riverside Drive
St. Charles, IL 60174
312-377-6002

Quanbeck, Judy A.
Counselor
5217 N Magnolia
Chicago, IL 60640

RACKOW, Fred
Counselor
Box 482
Hampshire, IL 60140

RADEMACHER, Betty G.
Staff Counselor ISU
702 Broadway
Normal, IL 61761

RAINS, Bronwyn E.
Clinical Psychologist
632 Old Tippecanoe
Springfield, IL 62707

RALSTON, Carol K. (2)
Counselor
1964 N Broad Street
Galesburg, IL 61401

RAMER, Diane (8)
Nurse Counselor
200 Woodchuck
Macomb, IL 61455
309-837-4876

RAMSAY, Dorothy M. (3)
Retired Counselor
124 North Drexel
LaGrange, IL 60525

RANDALL, Helen (2)
Counselor
150 W 150th Street
Harvey, IL 60426
312-339-3893

RANDALL, Linda
Therapist-Private Practice
2632A North Orchard
Chicago, IL 60614
312-477-0068

RANDALL, Linda PHD
Psychologist
660 LaSalle Place #1A
Highland Park, IL 60035
312-432-8803

RASTATTER, Maryanne
Counselor
5818 Orlando
Peoria, IL 61614

RATCLIFF Camille (35)
Past President IGPA
9155 N Timber Lane
Peoria, IL 61615

RATLEDGE, Robert D.
Counselor
2119 W Summerdale Avenue
Chicago, IL 60625

RAU, Carolyn (2)
Counselor
23 Carriage Hills Road
Bloomington, IL 61701

RAWLINS, Larry D. (8)
Therapist-Moultrie County
907 Post Oak Lane
Charleston, IL 61920

RAWLINS, Melanie (1)
Professor
970 Post Oak Lane
Charleston, IL 61920

RAYBORN, Randall L. (2)
Counselor
434 South Dryden
Arlington Heights, IL 60005

RAYNETT, Jeanne Vogel (2)
Counselor
5127 Reservation Road
Oswego, IL 60543

REA, Julia H. (456)
Counselor/Dislocated Worker
2207 Saratoga Drive #4
Springfield, IL 62704

REED, Nellie (23)
School of NSG Counselor
2400 West Ann Street
Peoria, IL 61605

REESE, Kenneth W. (12)
Counselor
1760 Maple Street
Des Plaines, IL 60018

REILLY, Roy B.
Counselor
1819 North 77th Avenue
Elmwood Park, IL 60635

REIN, James E.
Director of Guidance
700 North State Street
Geneseo, IL 61254
309-944-4674

REINEKE, William H. (2)
Counselor
208 So. Prairie Street
Raymond, IL 62560

REPKE, Anna Mae (2)
1337 Downs Parkway
Libertyville, IL 60048

REZNY, Karen S. (12)
Dir. of Student Services
999 Kedzie Avenue
Flossmoor, IL 60422
312-799-3000

RHEE, Susan (45)
Counselor
3605 Buckthorn Lane
Downers Grove, IL 60515

RHODES, Cherie D.
1517 Woods Avenue #4
Normal, IL 61761

RICH, Richard (2)
Counselor
1341 South Lincoln
Centralia, IL 62801

RICHARDSON, Anne W. (25)
Counselor
8941 S Chappel Avenue
Chicago, IL 60617

RICHARDSON, Francis L. (123)
Research
1300 Springfield Drive
Belleville, IL 62221

RINELLA, Virginia B.
Career Counselor
R.R. #2 Box 293 E-6
Murphysboro, IL 62966

ROBERTS, Helen C. (2)
Counselor
3005 Twin Oaks Drive
Joliet, IL 60435
815-741-3665

ROBERTS, James Dr. (1)
Prof. & Chair Psych. Dept.
7400 Augusta
River Forest, IL 60305

ROBINSON, Hartrell (2345)
Counselor
2932 W Jackson
Chicago, IL 60612

ROESCHLEY, James A. (2)
Counselor
418 W Tremont
Waverly, IL 62692

ROGERS, Ronald (2)
School Counselor
5618 North Fourth Avenue
Des Plaines, IL 60016

ROHLFS, Allan (8)
Psychotherapist
2718 North Racine
Chicago, IL 60614
312-327-0968

ROLAND, Gwyn Kaitis (8)
Child & Adol. Counselor
1907 Burry Circle
Crest Hill, IL 60435

ROMMEL, Russel W. (2)
Counselor
3600 32rd Avenue
Moline, IL 61265

ROPPEL, Betty Mrs.
1213 E Oakton St. V H
Arlington Heights, IL 60004
312-392-4050

ROSCHE, Gayle E. (8)
Student
906 S Oakland
Carbondale, IL 62901

ROSS, David
Dir. of Counseling
945 N Charles Avenue
Gurnee, IL 60031

ROSS, Jr. Arnold L. (456)
Counselor
3808 Shirley Road
Rockford, IL 61108

ROSSI, Rea (4)
East HS 1600 Dodge Avenue
Evanston, IL 60204

ROUNDTREE, Robert (6)
Coord. Vocational Service
106 E Morse Avenue
Bartlett, IL 60103

ROY, Barbara C. (8)
Therapist-Counseling
5443 South Cornell
Chicago, IL 60615

RUBY, John (2)
Counselor
877 N Commonwealth
Aurora, IL 60506

RUMSA, James
Dean of Students
527 Summit Street
Algonquin, IL 60102

RUSSELL, Edward F.
Chair - St. Francis Acdy
1200 Larkin Avenue
Joliet, IL 60435

RUSSELL, Lori Dr.
Prof - Bradley Univ.
6251 Post Oak
Peoria, IL 61615
309-692-8316

RUSTEBERG, Matilda L. (2)
Counselor-Retired
R.R. #7 Box 153 Algonquin
Barrington Hills, IL 60010

RUTHERFORD, Cheryl J. (5)
Chair - Guidance Dept.
12552 South Harvard
Chicago, IL 60628

RUTHERFORD, Jean (2)
Counselor
11 Chicago
Plainfield, IL 60544

RYAN, Pamela J. (2)
Counselor/Teacher
19617 Mokena Street
Mokena, IL 60448
815-485-2136

SAGMOE, John (3)
Admin--Student Personnel
Sauk Valley College R #5
Dixon, IL 61021

SAITO, Atsuko
Student
800 S Elizabeth A2
Carbondale, IL 62901

SALAMONE, Roberta (246)
Guidance Counselor
7612 South Oconto
Bridgeview, IL 60455

SALZER, Nancy A. (2)
Counselor
3101 N Old Trail Road
Peoria, IL 61604

SAMOLITIS, Jerry
Counselor
R.R. #3 Box 498
East Moline, IL 61244

SANBORN, Patricia (28)
Counselor
120 E Atteridge Road
Lake Forest, IL 60045

SANDBERG, Donna M. (456)
Counselor/Owner Career Path
2404 Maple
Downers Grove, IL 60515
312-369-3390

SANDERS, Claud (3)
Counselor
EIU Counseling Center
Charleston, IL 61920

SANDERS, Frances (1234568)
Coord. of Counseling
2000 East Main Street
Danville, IL 61832
217-427-2592

SANDERS, Ted Dr.
State Supt. of Educ.
100 N. First Street
Springfield, IL 62777

SANTELL, Beth
Counselor
4N768 La Fox Road
St. Charles, IL 60175

SAYRE, Brenda (8)
Comm Soc Serv Gerontology
421 E Jefferson Street
Macomb, IL 61455
309-836-7822

SCALES, James E. (5)
Dir - Career Dev Center SIU
604 East Cindy
Carbondale, IL 62901
618-536-2096

SCANLON, Str. Miriam
Counselor
16100 Seton Road
South Holland, IL 60473

SCHEIN, Ann (68)
Student
1117 W Golf Road
Libertyville, IL 60048

SCHIFF, Sheryl
RN/Counselor
6308 N Richmond
Chicago, IL 60659
312-338-3106

SCHINDLER-SHAFIR, J. (2)
Counselor
2722A Armand Place #2
St. Louis, MO 63104

SCHMIDT, Charles J. (2)
Counselor
3323 N Kenmore Avenue
Chicago, IL 60657

SCHMIDT, Patricia J. (2)
Elementary Counselor
15 West Main Street
Mascoutah, IL 62258

SCHNEIDER, Anne K.
Asst Unit Sup/Voc Coun
16 Melody Drive
Rochester, IL 62563

SCHOENING, Mrs. Peggy (2)
Counselor
5753 Edison Circle
Hanover Park, IL 60103

BEST COPY AVAILABLE

SCHUELER, Judy L. (356)
Asst. Dean of Students
2000 5th Avenue Triton C
River Grove, IL 60171

SCHULDT, James T. (2)
Counselor
117 Wisconsin Avenue
Carpentersville, IL 60110

SCHULTZ, Merlin W. (4)
Past President IGPA
64 Spoonbill Lane
Ellenton, FL 34222

SCHWARTZ, Dr. G. R. (3)
VP Student Affairs Retired
4 Heath Ct. R.R. #1
Macomb, IL 61455

SCHWARZ, Neta (24)
Counselor
12443 South Meade
Palos Heights, IL 60463

SEIGEL, Dolores R. MSW
Marriage & Family Therapist
2403 W Springfield R8
Champaign, IL 61821
217-443-1772

SERIALS
Univ of IL Library
Urbana, IL 61801

SERON, Merron, S. (3)
Counselor
1800 Mason Avenue
Jolet, IL 60435
815-729-9650

SESCLEIFER, Janet Kay (28)
Counselor
19 Alberta Lane
Springfield, IL 62704

SEVERINSEN, Norma
Chair-Coun Ed Dept-Retired
103 Penny Lane
Macomb, IL 61455

SHACK, Charlaine R. (8)
Counselor
623 N Oak Park Avenue
Oak Park, IL 60302

SHACKELFORD, Robert
Moody Bible Institute
820 N LaSalle Street
Chicago, IL 60610

SHANNON, Kathy D.
Student
357 King Arthur Ct.
Bolingbrook, IL 60439

SHAPIRO, Marna (245)
Counselor
1150N Lakeshore Drive 23H
Chicago, IL 60611

SHAPIRO, Phyllis
Counselor & Group Leader
9416 Lawndale
Evanston, IL 60203

SHAPKOFF, Michael A. (1246)
Guidance Counselor
415 E Belleville Avenue
Christopher, IL 62822

SHEAHAN, John (3)
Dir. - Counseling Services
1500 N Fifth Street
Springfield, IL 62702

SHEETS, Carl L.
Asst Dir Student Personnel
R.R. #1
Colchester, IL 62326

SHELDON, Mary Kay (34)
Counselor
744 Glenbard Road
Glen Ellyn, IL 60137
312-469-0663

SHELEY, Donna J.
Counselor
R.R. #3 Box 36
Jerseyville, IL 62052

SHELTON, Bevery J.
Director of Guidance
R.R. #4 Box 278A
Veedersburg, IN 47987

SHELTON, Cathy Lynn (2)
Guid Counselor/Teacher
65 Hickory Point Ct.
Decatur, IL 62526
217-877-0750

SHEWMAKE, Richard
5030 W 117th Street
Worth, IL 60482

SHIELDS, Kathleen (2)
Special Ed. - McHenry Co.
40 Kent Street
Crystal Lake, IL 60014

SHIPMAN, Linda A. (2)
Counselor
118 S Colchester
Normal, IL 61761

SHLAUSTAS, Zita (24)
Counselor
10347 S Longwood Drive
Chicago, IL 60643

SHORR, Ruth Hedvat (8)
Psychotherapist
2918 W Touhy Avenue
Chicago, IL 60645
312-274-1714

SHOUB, Steven L. (4)
Counselor
POB 189
Round Lake, IL 60073

SHOUBA, Geri K.
Guidance Counselor
174 Aberdeen Court
Geneva, IL 60134
312-584-1100

SIMMONS, Jame A. (2)
Counselor
1886 Birch Street
Des Plaines, IL 60018

SIPPY, Anne E. (2)
Counselor
648 62nd Street
Downers Grove, IL 60516
312-968-8001

SISSON, Donna F. (24)
Counselor
829 South Eleventh
Havana, IL 62644

SLATER, Marlowe
Past President
1513 Alma Drive
Champaign, IL 61820

SLOMKA, Mary C. Str. (8)
Consultation/Ed. Coord.
2233 W Division Street
Chicago, IL 60622
312-770-2316

SMITH, Allen J. (5)
Administrator
6832 S Paxton #1B
Chicago, IL 60649

SMITH, April R. (2)
Teacher/Student
517 West Main
Cary, Il 60013

SMITH, Barbara E. (25)
Counselor
4850 S Lake Park #1101
Chicago, IL 60615
312-943-4733

SMITH, Carroll L. (14)
Testing Coordinator
201 E Jefferson Street
Joliet, IL 60432

SMITH, Gregory H.
Guidance Counselor
129 Pepperwood Drive
Bolingbrook, IL 60439
312-759-5223

SMITH, Joseph D. (5)
Student
950 193rd Place
Glenwood, IL 60425

SMITH, Norm (2)
Counselor
1012 Sixth Street
Pawnee, IL 62558

SMITH, Victoria
Counselor
2700 North Bosworth
Chicago, IL 60614
312-825-7711

SNADDEN, Leonard
Retired Counselor
3550 Lake Shore Drive 401
Chicago, IL 60657

SNIDER, Patricia A. (3)
Counselor
1540 So. 59th Ct.
Cicero, IL 60650

SOMERS, Geraldine
Counselor
R.R. #1 Box 15
Ivesdale, IL 61851

SPEAKER, Karen L. (24)
Guidance Coordinator
1113 Waverly Place
Joliet, IL 60435
815-838-6941

SPIEGEL, Maureen (2)
Counselor
5371 Candlewood Ct
Lisle, IL 60532

SPONSLER, Ruth (24)
4 Chapel Court
Collinsville, IL 62234

SPRAETZ, Dennis
Counselor
525 West Jackson
Woodstock, IL 60098
815-338-5609

SQUITIERI, Dorothy (3456)
Counselor
1658C Dover Court
Wheaton, IL 60187

SRSNICK, Joe
Special Ed. Teacher/Coun.
4612 W 189th Street
Country Club Hills, IL 60477

SS COUNSELOR COUNCIL (456)
School Counselors
PO Box 10172
Chicago, IL 60610

STADSHOLT, Brenda S. (2)
Past President IGPA
839 East Adams
Havana, IL 62644

STAGEN, Larry
Guidance Director
2055 Shore Drive RR# 3
Morton, IL 61550

STANTON, Barbara J. (2)
PO Box 346
Sanders, AZ 86512

STEFANI, Kristine A.
Student
702A Normal Road
DeKalb, IL 60115

STEWARD, Marcia (2)
Counselor
1508 Sauk Trail
Frankfort, IL 60423

STEWART, Brenda L. (2)
Counselor
620 Hushaw Avenue
Chillicothe, IL 61523
309-469-3131

STEWARD, Judith Ann (24)
Counselor
RR# 2
Brimfield, IL 61517

STOIT, Sandra E.
Counselor
2128 32nd Street
Rock Island, Il 61201

STOREY, John S. (146)
Past President IGPA
245 Jana Road
Macomb, IL 1455

STORY, Janice
Assoc Chairperson-Guid
1107 Valley Lane
Lockport, IL 60441
~~815-838-8807~~

STOUMEN, Marilyn
Coun. Child Welfare Agency
3200 N Lake Shore #2704
Chicago, IL 60657

STRAUSS, Elaine R.
Div. Continuing Education
828 Oakton 2F
Evanston, IL 60202

STROBEL, Sarah (2)
Counselor
7354 Palos Avenue
Palos Heights, IL 60463

STRODE, Mary (2)
Counselor
RR #2 Box 13
Marietta, IL 61459

STROHL, Nancy L.
Counselor
3624 38th Street #5
Rock Island, IL 61201

STUEBE, Jo Anne (2)
Counselor
R 5 202 Rolling Acre
Jacksonville, IL 62650

SWANSON, Nancy I. (2)
Guidance Counselor
622 Maple Lane
Darien, IL 60559
312-971-3223

SYPNIEWSKI, Robert J.
Guidance Counselor
6256 W. 128th Street
Palos Heights, Il 60463

SZURA, Thomas B. (2)
Counselor
6437 Fairfield
Berwyn, IL 60402

TABATT, Mary (2)
Counselor
1044 Greenview
Des Plaines, IL 60016

TANNER, George (24)
Counselor
Yates City, IL 61572

TANNER, Jack. J. (8)
Coun - Private Practice
1810 N. Kaspar
Arlington Heights, IL 60004

TARPEY, Elizabeth A. (3)
Counselor
7239 Lindell Blvd.
St. Louis, MO 63130
314-725-1333

TATE, Nina Rockingham (4)
Career Guid & Counseling
19525 W Washington Street
Grayslake, IL 60030
312-244-6203

TATRO, E. A. (2)
Dir of Counseling
809 N Cedar
New Lenox, IL 60451

TAYLOR, Dean
Past President
2205 Krug Place
Alton, IL 62002

TAYLOR, Kent (2)
Counselor
4617 Clausen Avenue
Western Springs, IL 60558

TAYLOR, Richard L
Counselor
1307 Poplar Ct.
Homewood, IL 60430

TERRY, Jan (36)
Dir of Assessment
2000 Fifth Avenue C114
River Grove, IL 60171

THIEME, Norine A.
SPCL Ed-Guid Counselor
42161 Sixth Avenue
Antioch, IL 60002
312-356-8068

THOMAS, Jan (2)
Counselor
1101 Grove Street
Evanston, IL 60201

THOMAS, Ophelia (5)
7935 South Peoria
Chicago, IL 60620

THOMPSON, Keith (24)
Counselor
4688 W 151st Street
Oak Forest, IL 60452
312-687-8052

TOBORG, Bette M (2)
Counselor - Chicago Bd Ed
709 W 79th #410
Darien, IL 60559

TOEPKE, David (2)
Counselor
649 N Clark Drive
Palatine, IL 60067

TOMAS-HOLBEIN, Carol (4)
Counselor
7606 Barnard Mill Road
Wonder Lake, IL 60097

TOMASOVICK, Joan J.
Counselor/Retired
1019 Flossmoor Avenue
Waukegan, IL 60085

TOMASOVICK, Stanley F.
Counselor/Retired
1019 Flossmoor Avenue
Waukegan, IL 60085

TOMEY, Doris (2)
Elementary Counselor
16542 Plymouth Drive
Markham, IL 60426

TORTORICH, Joseph P.
Student
7011 West Newport
Chicago, IL 60634

TRACY, William E. (2)
Dean
520 S Madison Avenue
LaGrange, IL 60525
312-354-9453

TRAINOR, Michalene (4)
Career Coun/Consultant
2730 Sheridan Road
Evanston, IL 60201
312-273-6740

TROUTE, Lynn D. (4)
10E 100 N 1st DAVTE
Springfield, IL 62777
217-782-4620

TROYER, Philip J. (38)
Counselor
Algonquin & Roselle
Palatine, IL 60067

TRUMPE, Dr. Richard (3)
Peoria School of Medicine
123 Glendale Avenue
Peoria, IL 61605

TUCKER, Neal Dean (2)
IL State Bd of Ed N-253
100 North First Street
Springfield, IL 62777

UNDERWOOD, Evelyn B.
Student
1310 Ellis Drive
Urbana, IL 61801
217-367-8215

UPSHAW, H. Tucker
Principal Consultant
2020 Lincoln PkW 18F
Chicago, IL 60614
312-472-8360

URAM, Donald A. (36)
Counselor
2837 191st Place
Lansing, IL 60438

UTECHT, Cheryl J. (2)
Counselor
17052 University Avenue
South Holland, IL 60473
312-596-0058

VALENTE, Patricia
Counselor
17W 507 Portsmouth Drive
Westmont, IL 60559

VANDERBERG, William A.
Counselor
1507 Suffolk
Westchester, IL 60153

VANDIVER, William D. (24)
Counselor
4132 Hyacinth
Springfield, IL 62707

VARGAS, Maria J. (8)
Program Worker
1739 W Devon Avenue 1FL
Chicago, IL 60660

VAZQUEZ, Arturo Jr (45)
Counselor
925 Carriage Way #2
Elgin, IL 60120
312-741-3527

VELLA, Barbara J. (4)
Spec Needs Coordinator
1841 Shaw Woods Drive
Rockford, IL 61107

VIA, Danial A. (3)
Counselor
300 Samoa Court
Iowa City, IA 52246

VIECELI, Ada
Graduate Student
Rt #10 Box 40
Carbondale, IL 62901
618-529-3827

VRSTAL, Jack J. (2)
Counselor
8605 55th Street
Coal Valley, IL 61240
309-799-7814

WAGONER, Susie (8)
WIU Counselor
2001 Wigwam Hollow
Macomb, IL 61455

WAHL, Joma L. (2)
Junior High Counselor
628 Boys Street
Streator, IL 61364

WALKER, Kay W. (2)
Counselor
129 South Summit
Wheaton, IL 60187

WALKER, Rebecca Ruth (8)
Student
800 E Grand #40-B
Carbondale, IL 62901

WALL, Doris, J.
Counselor-Teacher
R.R. #1 Box 77
Sorento, IL 62086
217-272-4295

WANGERIN, Mary B. (456)
Counselor
978 Prairie Avenue
Naperville, IL 60540

83

BEST COPY AVAILABLE

WARREN, Ronald (28)
Asst Principal/Counselor
3005 Greenwood
Hazel Crest, IL 60429
312-624-4515

WARSHAW, Allen S.
Student/Counselor
280 Green Street
Park Forest, IL 60466

WASSON, Joe K. (26)
Coord of Counseling
3044 Ninth Street
East Moline, IL 61244
309-755-6325

WATERSTREET, Donald C. (12)
Asst Prof Counselor Ed
119 Doe Run
Macomb, IL 61455

WATSON, Merry M. (2)
Counselor/Student
7659 South Bennett
Chicago, IL 60649

WATTERS, Robert C. (2)
Counselor
2722 30th Avenue
Rock Island, IL 61201
309-794-9237

WATTS, William R. (456)
Assistant Principal
7329 W 63rd Street
Summit, IL 60501

WAXLER, Glenna Lynne
Counselor-Private Practice
438 W County Line Road
Barrington Hills, IL 60010
312-382-2739

WEAVER, Jane
Counselor
123 Lincoln Way
Dixon, IL 61021

WEBSTER, Eunice T. (25)
Counselor
8952 S Paxton Avenue
Chicago, IL 60617
312-221-8062

WEBSTER, Randolph Dr. (3)
Dean of Student Services
19351 W Washington
Grayslake, IL 60030

WEHRLY, Beatrice Dr. (1235)
Professor
119 Penny Lane
Macomb, IL 61455

WEISS, Keith
Counselor #2909
1960 N Lincoln PK W
Chicago, IL 60614

WELCH, Darcy (2)
College Counselor
8001 Belmont Avenue MGHS
River Grove, IL 60171
312-453-6233

WELCH, Harvey (35)
Past President IGPA
Box 1209
Carbondale, IL 62901

WELKER, Bruce M. (24)
Career Counselor
1162 No Hickory
Arlingtons Heights, IL 60004

WELLINGTON, John A. (1)
Dept Chair - Retired
130 Cottage Hill Avenue
Elmhurst, IL 60126

WENDLING, W. L. (2)
Retired Counselor
101 S 4th
Altamont, IL 62411
618-483-5555

WERNER-SZUBERLA, S. (3)
4 Kensington Ct.
Streamwood, IL 60107

WESENDER, William (2)
Counselor
123 Nauvoo
Park Forest, IL 60466

WESTON-JONES, Mary F. (2)
Counselor
260 Bloom Street
Highland Park, IL 60035

WESTPHAL, Mary (1)
Community Counseling
3831 W 76th Street
Chicago, IL 60652
312-582-0581

WETHERBE, Linda Dr. (8)
Exec Dir/Psychotherapist
PO Box 328
Wildwood, IL 60030
312-223-6123

WHITESIDE, W. David
Past President IGPA
R.R. #2 Box 374A
Vienna, IL 62996

WHITTAKER, Maxine
Vocational Counselor
150 S 48th Street
Quincy, IL 62301
217-224-6500

WHITTAKER, Peggy (5)
Counselor
609 Evergreen Court
Waukegan, IL 60085

WHITTENBURG, Judith A.
Graduate Student SIU
1008 W Laurel Lane
Carbondale, IL 62901

WILLIAMS, Georgia R. (25)
Guidance Counselor
Box 1821
Evanston, IL 60204

WILLIAMS, Larry (1)
Dir of Guidance
45 Creekside Court
Crete, IL 60417

WILLIAMS, Terry E. Dr. (3)
Loyola Univ Prof Higher Ed.
820N Michigan Avenue
Chicago, IL 60611

WILLIAMSON, Ann
C/O Lt Col. John Williamson
3402 Leawood Drive
Omaha, NE 68123

WILLIAMSON, Rod (4)
Counselor
Box 284
Avon, IL 61415

WILLIS, Howard (2)
Guidance Director
4000 St. Francis BCHS
Rockford, IL 61103

WILSON, Jan (2)
Counselor
2235 75th Avenue
Elmwood Park, IL 60635
312-787-0820

WILSON, Jane Alt (3)
Dir Counseling Services
1600 East Golf Road
Des Plaines, IL 60016
312-635-1745

WILSON, Marie S. (245)
Counselor
631 E 89th Place
Chicago, IL 60619

WIMAN, Ferrell F.
Counselor
R.R. #5
Mt. Vernon, IL 62864

WINICK, Dena (2)
Counseling Chairman
606 Stonegate Terr.
Glencoe, IL 60022
312-835-3897

WINKLEBLACK, Robert G. (3)
Academic Advisor
2402 Fourth Street
Charleston, IL 61920

WINKLER, Donna (28)
Counselor
304 S Lancaster
Mt. Prospect, IL 60056
312-255-9700

WINTERSTEEN, Greg (2)
Counselor
727 Starboard Place
Schaumburg, IL 60194

WIRTZ, Gretchen
Counselor ECC
8 W Dubois Avenue
Elgin, IL 60120

WISDORF, Claire, C. (2)
Guidance Counselor
498 Thornhill Lane
Wheeling, IL 60090

WISEMAN, Martha
Guidance Director
1200 Maroon Drive
Elgin, IL 60120

WITMER, Robert (2)
Boys Counselor
620 34th Avenue
East Moline, IL 61244

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Serials Department
Western Illinois Univ
Macomb, IL 61455

WONDERLIN, Thomas A. (2)
Counselor
615 E Orange
Hoopeston, IL 60941
217-283-6491

WONG, Eltha M. Mrs.
Counselor
205 West Euclid Avenue
Arlington Heights, IL 60004

WOOD, Gary M.
Counselor
1303 Sheridan Road
Pekin, IL 61554

WOOD, Glenn L. (3)
WIU Counselor
241 Miller Avenue
DeKalb, IL 60115

WOOD, Roycealee
Elem Administration
107 Park Lane
Lake Bluff, IL 60044

WOODYARD, Bonta (2)
Counselor
325 W Coolidge
Charleston, IL 61920
217-875-7200

WOOLFOLK, Mary Jo
Counselor
2608 S Eleventh Avenue
Broadview, IL 60153
312-265-7260

WOSTRATZKY, Richard
Guidance Counselor
7829 Mayfair Lane
Dairen, IL 60559

WRENN, Sharon (3)
Coord Advisement/Coun
524 East Pierce
Macomb, IL 61455

WUELLNER, Rosemary R. (8)
Coordinator YWCA
1715 Liberty Street
Alton, IL 62002

WYROSTEK, Carole (2)
Student
168 Heatherwood Ct.
Lockport, IL 60441
312-349-0548

YATES, Anna Marie Dr. (246)
Counselor
122 S Brighton Place
Arlington Heights, IL 60004

YEAGER, Patricia (2)
Counselor
3748 Pandola
Joliet, IL 60435

YOUNG, Jennifer (2)
Counselor
677 Wilmot Road
Deerfield, IL 60015
312-940-7573

YOUNG, Kate
Guidance Counselor
R.R. #7
Streator, IL 61364

ZARVELL, Ray R. (3)
Unit Dr-Ed Dev-Bradley Univ
1501 West Bradley
Peoria, IL 61625

ZELENSKI, Joe Dr.
Dean-Student Development
2578 East 350th Road
Oglesby, IL 61348
815-224-2720

ZEMAN, I. Richard (8)
Private Practice
2423 North Kennicot Drive
Arlington Hts., IL 60004

ZIMMERMAN, Debra W.
Guidance Counselor
3921 Crestwood Drive
Northbrook, IL 60062

ZIMMERMAN, Kathleen (2)
Guidance Counselor
416 Scott Street
Algonquin, IL 60102
815-455-3860

ZMUDA, Murrel E. Mrs. (3)
Counselor
907 26th Avenue Ct.
East Moline, IL 61244

ZOKAL, Patricia M.
6516 Scott Lane
Crystal Lake, IL 60014

ZUCCO, Ronda (8)
Stud/Addictions Coun
1201 Knoll Crest Drive
Washington, IL 61571
309-444-3636

ZUMMO, Winnifred (456)
Counselor Good Counsel HS
3900 W Peterson Avenue
Chicago, IL 60659

## IACD GOVERNORS

**Term expires 1989:**

Joe Mc Farland
2651 W. Lawrence, 1B
Springfield, IL 62704
H= (217) 787-7185

Lynda Kayser
26 Circle Drive
Charleston, IL 61920
H= (217) 345-1563

Ed Psych. & Guid. Dept., EIU
Charleston, IL 61920
O=(217) 581-2400

**Term expires 1990:**

Al Cerasoli
Rt. #1 Box 108 A
Sugar Grove, IL 60554
H=(312) 466-1040

College of Du Page
Glen Ellyn, IL 60137
O=(312) 858-2800 ex. 2131

Melanie Rawlins
907 Post Oak Road
Charleston, IL 61920
H=(217) 348-0377

Dept. Ed. Psych. EIU
Charleston., IL 61920
O=(217) 581-2400

**Term expires 1991:**

Mary Farnum
19 Golfview Place
De Kalb, IL 60115
H=(815) 758-6345

EPCSE 415 Graham Hall
Northern Illinois University
De Kalb, IL 60115
O=(815) 753-9325

Bob Cheffer
153 Chandler
Elmhurst, IL 60126
H=(312) 833-7952

Maine South High School
Park Ridge, IL 60068
O=(312) 825-7711

## IACD COMMITTEE CHAIRPERSONS

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Harvey Welch
Box 1209
Carbondale, IL 62901
H=(618) 529-1661

Student Affairs, SIU
Carbondale, IL 62901
O=(618) 453-2461

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**Convention Coordinator:**

Stephen Horvath

District 125
4300 W. 108th Place
Oak Lawn, IL 60453
O=(312) 499-0080

**Local Arrangements Coordinator:**

Bob Cheffer
153 Chandler
Elmhurst, IL 60126
H=(312) 833-7952

Maine South High School
Park Ridge, IL 60068
O=(312) 825-7711

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3605 Buckthorn Lane
Downers Grove, IL 60515
H=(312) 969-6409

College of Du Page
Glen Ellyn, IL 60137
O=(312) 858-2800 ex. 2064

Linda Keel
1561 Cornell Place
Hoffman Estates, IL 60194
H=(312) 490-9814

Dept. Couns. Ed., Northeastern
5500 N. St. Louis Ave.
Chicago, IL 60625
O=(312) 794-2970

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902 Taylor
Carbondale, IL 62901
H=(618) 549-5570

Dept. Ed. Psych., SIU
Carbondale, IL 62901
O=(618) 536-7763

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119 Penny Lane
Macomb, IL 61455
H=(309) 837-3650

Dept. Couns. Ed., WIU
Macomb, IL 61455
O=(309) 298-1409

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H=(312) 529-5013

110 Schiller St.
Elmhurst, IL 60126
O=(312) 941-8676

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Donna Sission
827 S. 11th
Havana, IL 62644
H=(309) 543-2431

Havana Junior High
Route 136 E.
Havana, IL 62644
O=(309) 543-6677

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9706 S. Hamilton
Chicago, IL 60643
H=(312) 238-3113

10025 S. Western
Chicago, IL 60643
O=(312) 233-5520

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Mokena, IL 60448
H=(815) 485-2796

Governor's State University
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O=(312) 534-5000 ex. 2155

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Macomb, IL 61455
H=(309) 833-1839

Counseling Center, WIU
Macomb, IL 61455
O=(309) 298-2453

John DeVolder, **Contact** Editor
806 S. Pearl
Macomb, IL 61455
H=(309) 833-1839

Counseling Center, WIU
Macomb, IL 61455
O=(309) 298-2453

## IACD DIVISIONS

**Illinois Association for Multicultural Counseling and Development [IAMCD]:**

James E. Lanier, President
2201 Claremont Drive
Springfield, IL 62703
H=(217) 529-2219

Human Dev. Counseling Program
Sangamon State University
O=(217) 786-6504

Susan Rhee, President-Elect
3605 Buckthorn Lane
Downers Grove, IL 60515
H=(312) 969-6409

College of DuPage
Glen Ellyn, IL 60137
O=(312) 858-2800, Ext. 2064

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Chicago, IL 60610
H=(312) 951-8945

Test Consultants, Ltd.
Chicago, IL 60610
O=(312) 951-5638

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1823 Thatcher Rd.
Elmwood Park, IL 60635
H=(312) 456-2311

Science Research Associates
155 N. Wacker Drive
Chicago, IL 60606
O=(312) 984-7118

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Box 514
Charleston, IL 61920
H=(217) 345-5380
Lakeland College
O=(217) 235-3131
(800) 252-4121, Ext. 258

Richard Longfellow, President-Elect
302 Hubbell Drive, Apt. c
Dixon, IL 60121
H=(815) 284-8406
Dixon High School
Dixon, IL 61021
O=(815) 284-9511, Ext. 162

**Illinois Counselor Educators and Supervisors (ICES):**

Twyman Jones, President
105 William Drive
Normal, IL 61761
H=(309) 452-3365
Counselor Ed., ISU
Normal, IL 61761
O=(309) 438-8997

Anita Curtis, President-Elect
1514 Dustin Drive #1
Normal, IL 61761
H=(309) 454-8358
Dept. Couns. Ed., ISU
Normal, IL 61761
O=(309) 438-8997

**Illinois College Personnel Association (ICPA):**

Carole Dobbie, President
H=(312) 495-1130
College of DuPage
22nd and Lambert Road
Glen Ellyn, IL 60137
O=(312) 858-2800, Ext. 2004

Chris Porterfield, President-Elect
832½ N. Eleventh
DeKalb, IL 60115
H=(815) 758-6937
Northern Illinois University
DeKalb, IL 60115
O=(815) 753-1536

**Illinois Mental Health Counselors Association (IMHCA):**

Larry Rawlins, President
907 Post Oak Road
Charleston, IL 61920
H=(217) 348-0377
Human Resources Center
Paris, IL 61944
O=(217) 465-4118

Janet Hansen, President-Elect
9706 S. Hamilton
Chicago, IL 60643
H=(312) 238-3113
10025 S. Western
Chicago, IL 60643
O=(312) 233-5520

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4132 Hyacinth
Springfield, IL 62707
H=(217) 546-9454
Riverton High School
Riverton, IL 62561
O=(217) 629-9650

Bette Toborg, President-Elect
709 W. 79th, #410
Darien, IL 60559
H=(312) 655-2258
Cardenes School
2345 S. Millard
Chicago, IL 60623
O=(312) 762-0900

# IACD CHAPTERS

**1. Black Hawk Chapter:**

Gary Crowell, President
P.O. Box 842
Orion, IL 61273
H=(309) 359-0851

Orion High School
Orion, IL 61273
O=(309) 526-3361

Patrick Downey, President Elect
3311 Jersey Ridge Rd. #1106
Davenport, IA 52807
H=(319) 359-9625

Alleman High School
Rock Island, IL 61201
O=(309) 786-7798 ex. 7

Robert Watters, Senator
2722-30th Ave
Rock Island, IL 61201
H=(309) 794-9237

United Township High School
East Moline, IL 61244
O=(309) 752-1643

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10347 S. Longwood Dr.
Chicago, IL 60643
H=(312) 779-7483

O=(312) 723-5225

Jack Feldman, President-Elect
5636 W. Church
Morton Grove, IL 60053
H=(312) 966-9188

O=(312) 890-7768

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Maxine Levy, President
500 W. Elk Grove Blvd.
Elk Grove Village, IL 60007
H=(312) 272-7696

O=(312) 439-4800

Anna Yates, President-Elect
Elk Grove High School
O=(312) 439-4800 Ex 215

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Sharon Galliher, President
Dept. Ed. Psych., SIU
Carbondale, IL 62901
O=(618) 536-7763

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Michael Gibson, President
Dept. of Ed. Psych., Counseling & Special Education
Northern Illinois University, DeKalb, IL 60115
H=(815) 963-1523

O=(815) 753-9344

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Harriet Koch, President
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Carlyle, IL 62231
O=(618) 594-2453

Harold Woodruff, President-Elect
Salem Community High School
Route 37 North
Salem, IL 62881

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Beverly Brown, President
10 Mockingbird
Carterville, IL 62918
H=(618) 985-4432

Dept. Ed. Psych. SIU
Carbondale, IL 62901
O=(618) 536-7763

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John Storey, President
245 Jana Road
Macomb, IL 61455
H=(309) 833-4489

**9. Rock River Chapter:**

Charlene Doll, President
860 W. Riverside Dr.
Dixon, IL 61021
H=(815) 652-4734

Rock Falls High School
101 12th Ave
Rock Falls, IL
O=(815) 625-3686

Richard Longfellow, Senator
302 Hubbell Drive, Apt C
Dixon, IL 61021
H=(815) 284-8406

Dixon High School

**10. Tri County Chapter:**

Ann Boyd, President
2415 N. Peoria Ave.
Peoria, IL 61603

**11. Lake County Chapter:**

Jennifer Young, President
Stevenson High School
Prairie View, IL 60069
O=(312) 634-4000, Ex. 290

Jerry Franklin, President-Elect
Stevenson High School
Prairie View, IL 60069
O=(312) 634-4000

**12. Illinois Association for Adult Development and Aging:**

William E. Gorman, President
6530 N. Algonguin
Chicago, IL 60646
H=(312) 775-4720

Raymond A. Hylander, President Elect
331-D Oak Hill Road
Lake Barrington, IL 60010
H=(312) 381-3187

**13. Prairieland Chapter:**

J.D. Hawkins, President
1614 Bryan #1A
Normal, IL 61761
H=(309) 438-5691 O=(309) 438-5691

---

**Membership Directory Additions** –

FLETCHER, Joyce R. (346)
Counselor
216 W. Evergreen Street
Wheaton, IL 60187

GARBER, Judith C. (2)
Counselor
18326 Aberdeen
Homewood, IL 60430

GOTTLIEB, Linda (8)
Counselor/Psychotherapy
6933 Blue Flag Avenue
Woodridge, IL 60517

TODLOCK, Diana R.
Student
302 Eason Drive
Carbondale, IL 62901

SANDERS, Frances B. (5)
Counselor
6350 S. King Drive #2D
Chicago, IL 60637

WORNY, Christine M. (8)
Admin. Dir/Psychotherapist
461 N. Harlem Avenue
Oak Park, IL 60302

WEINBERG, Richard H. (8)
Counselor
1031 S. Wisconsin Avenue
Oak Park, IL 60302

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In an inpatient group program at Johns Hopkins Medical Institute, bulimics were first given information about proper nutrition as well as individual therapy, group therapy, and family therapy. Some were given anti-anxiety medication before meals, and a very few received antidepressants, but most were encouraged to develop habits which could remain with them through a maintenance period (Andersen, personal communication, April 12, 1982).

Monti, McCrady, and Barlow (1977) included reinforcement procedures for an anorexic with bulimia. The patient, who was hospitalized, maintained her improvement during a six-month follow-up period as an outpatient. Hospitalization may be indicated for secretive bulimics who binge and frequently purge when others are unaware (Pyle et al., 1981).

A successful follow-up was achieved by Grinc (1982) who used a cognitive-behavioral approach. The treatment plan for one bulimic woman consisted of self-monitoring followed by stimulus control and cognitive restructuring. The method appeared to work well for the client whose bulimic activity was a habit-type behavior disorder. Integrative approaches and cognitive-behavioral, educational, and behavioral approaches, succeeded in reducing the number of binge-purge episodes (Connor-Greene, 1987; Giles, Young, & Young, 1985; Leitenberg, Gross, Peterson, & Rosen, 1984; Mines & Merrill, 1987; Rosen & Leitenberg, 1982).

## THERAPY GROUP AT A COMMUNITY MENTAL HEALTH CENTER

Five clients participated at a mental health center in a ten-week therapy group for bulimics. The average age of the group members was 25, with ages ranging from 18 to 36. Their periods of bulimic activity ranged from one-and-a-half years to eight years. The weight of the group members during the previous three years had ranged from 83 pounds to 210 pounds with individual variances of 38 to 70 pounds and an average variance of 60 pounds.

All members were given the MMPI. Four scored high on the Hypomania Scale, with one member scoring significantly high. Three members were high on the Psychopathic Deviate Scale, and three were high on the Psychasthenia Scale. These results are in agreement with earlier findings about characteristics of bulimics. Although all members admitted to being depressed, their scores on these scales were not significantly deviant, suggesting that depression is specific to the binge-purge cycle. Individual problems and characteristics of the group members are described in detail.

## Clients

**Pamela.** Pamela (not her real name), who had a very normal MMPI, is currently in individual therapy to overcome her binging and purging habit. In the past she induced vomiting with wash cloths, and recently a plumber discovered over two dozen wash cloths in her drain. In a two-month follow-up, Pamela said she feels better than she had ever felt and finds her binging and purging to be much less frequent now. She attributed this to having someone in her life and improvement in her overall mental state.

Pamela is the only member of the group ever diagnosed as an anorexic. Her body weight dropped to a low of 83, which at 5 feet, 4 inches, meets the criteria for anorexia nervosa. When she started gaining weight, she began vomiting to keep her weight within a range she considered acceptable. Her weight, which has been as high as 150, is now about 108, a normal weight she is able to maintain only through the binge-purge syndrome.

**Wilma.** The MMPI profile of Wilma reveals all three characteristics most prominent in this clinical group—Hypomania, Psychopathic Deviance, and Psychasthenia—but scores are not raised significantly. Wilma continues a binge-starve syndrome to keep from gaining weight. She was fat as a child and has weighed as much as 150 as an adult. Part of her reason for wanting to be thin is to please her husband. She is unhappy in her current job and admits that she turns to food when she is tired or when there is tension with her husband. When everything is going well she has more control over her binge-purge cycle. Wilma seemed more in control than other members of the group, possibly because she had been in individual therapy for three years before the group began. Although admitting that she had been suicidal at one time, she said this never enters her mind any more, and that it felt comforting to be in the group with other people who had similar suicidal ideations. The fact that she seemed to be more in control, without total mastery of the problem, was a good model for other group members. Wilma is the one member who has had to get dentures due to bulimia related dental problems.

**Harriet.** Harriet also had high scores on the three MMPI scales characteristics of the group, Hypomania, Psychopathic Deviance, and Psychasthenia. Her weight is still noticeably higher than the normal weight for her age and height. Although she has reduced her weight to as low as 140, it is now 190, kept down by the purging habit which she developed in college. Harriet has been overweight all her life and says she has even written bad checks to buy food. Her fantasy is to be anorexic. Her constant purging, which sometimes can be as often as seven or eight times a day has caused a problem with gastritis, and she reports dental sensitivity. She had the most helpful thing about the group is that it kept her from feeling so bizarre by finding other people with similar problems.

**Tommie.** Tommie has perhaps learned the most about herself in the group. When she was fifteen, she ran away from home and lived the life of prostitution and drugs. The group gave her acceptance, which was something she feared she would not receive. She felt that other people would reject her secrets. Tommie's binging and purging started about five years ago when her life seemed without important people. She controlled her bulimia when there was some significant other in her life. However, most of her relationships were superficial. Now she seemed more relaxed and is excited about her growing personal awareness, sense of self-worth, and the hope of establishing longer lasting intimate relationships. Her Hypochondriacal scale was elevated on the MMPI, and she admitted to worrying particularly about the possibility of having a heart attack as the result of the abuse she has given her body. In follow-up she admitted she had continued to purge and that she feels guilty about this also.

**Tanya.** Tanya probably has some of the most serious problems in the group. Her Hypomania score was spiked and is consistent with her difficulty in working or going to school. She had a job briefly when the group was meeting but could not get along with co-workers. Although she seems eager to please, she has difficulty thinking and concentrating. She says that coming to the group literally kept her from committing suicide, and that she is now going to Overeaters Anonymous (OA) where she is learning to talk to people. She seems realistic now about trying to get her binging and purging under control before she tries to get a job or goes back to school. Tanya purges by using excessive laxatives and this practice restricts her activities, but she says that she has cut down on purging since going to OA. She reported that she was anorexic at one time but it should be noted that her weight never got low enough to meet the diagnostic criterion for anorexia nervosa.

## The Group Process

The group was structured flexibly to allow dissemination of information, some formal assessment, and relevant exercises while keeping a supportive-interactional focus allowing members to express their own concerns and needs as the therapy progressed. The interpersonal process was key, and reciprocal support of members was an integral part of the group.

Although the emphasis at the beginning was on the physical problem of binging and purging, the "yo-yo" syndrome of large weight losses and gains, the relief of finding other people with similar problems was immediate. Cohesiveness began in the first session.

Because anxiety has been suggested as a cause of overeating, the members of the group were given the State-Trait Anxiety Scale (Speilberger, Gorsuch, & Lushene, 1970) to determine both their current state of anxiety and their anxiety-proneness in general. No significant levels of anxiety were discovered either in the state level or the relatively stable trait level.

During the second session, the results of the Scale were discussed with the members, and other possible causes for overeating in addition to anxiety were explored. The co-leaders served as facilitators and encouraged the group members to interact with each other and to respond to each others' questions.

Tentative exchanges about individual and shared problems with eating began a discussion that continued throughout the life of the group. Many members agreed that they had wanted immediate gratification as children and that they continue to feel this need now. There was some fear expressed about the similarity between overeating, alcoholism, and being out of control with sex. The group discussed the use of body weight as a shield to sexual intimacy and thought that the desire to be thin was tied to sexual identity and the desire for male approval. All members discussed being out of control with money. Impulsive buying sprees, later regretted, and writing bad checks in order to buy food for a binge were common symptoms of an inability to handle money effectively.

During the middle sessions, it became apparent that the need for approval was strong in all members. Family relations and other interpersonal relationships were discussed at length. All group members reported having difficulties, particularly in their relationships with their mothers. They also expressed fears about their own feelings of superficiality from trying to please others, unrealistic expectations of themselves, and hiding their purging.

Members also stated an inability to express anger in appropriate ways. At this point, the leaders played a tape on assertiveness, a vigorous discussion followed. Between sessions, members read *So Your Happily Ever After Isn't* (1977), and later discussions centered around their reactions to myths about romance, sex, happiness, private space, and recognition of personal feelings. Time was spent over several sessions talking about depression; however, many of the feelings labeled as depressive were actually unrealistic expectations and the desire to be perfect.

In the latter part of the group, members began to identify specific stressful situations that they associated with binging and purging episodes. Relaxation exercises were used in group meetings, and members were encouraged to continue doing the exercises between meetings, especially if they were in situations conducive to binging. Discussions on any topic eventually returned to binging and purging, the primary cause of psychological pain for them all.

Members wanted to tell their experiences and showed keen interest in the experiences of other group members. They disclosed that for them the binge-purge syndrome took place from one to seven times a day and usually included soft foods such as ice cream or bread, although one member continually binged on cereal. They usually avoided foods that were more unpleasant to vomit such as pizza and peanut butter. The feelings of the group members after purging were mixed: some reported feeling relieved and happy, others felt disgusted and miserable. All were afraid of being discovered. Four of the group members were overweight as children and lived in constant fear of losing control of their weight now; three had overweight mothers; and three said they were continually trying to please others more than themselves. The time spent talking about purging helped relieve some of the anxiety about feeling different from other people. They compared notes about hiding vomiting activity by doing things such as turning on the shower or waiting until no one was home.

All expressed fear about their health, but the physical symptoms were vague, except for occasional gastritis and amenorrhea. Four of the group members had had menstural difficulties, and one had menstruated only once in two years. Four of the group admitted to having problems with their teeth, although not all were diagnosed by a dentist. All said they had thought about suicide at some time, but only one said that she had actually tried. One member said she saw her binging and purging as a slow form of suicide.

The group, pre-set for ten sessions, ended with activities that provided a sense of closure for problem-solving procedures and follow-up plans. Both members and facilitators felt that the personal exploration and their relationships with one another were unfinished. Each expressed a wish that the group could continue longer, and the facilitators worked with each member to plan appropriate follow-up activities.

## Follow-up and Discussing

Although all members expressed very positive feelings about having participated in the group, the fact that all members reported binging and purging during a follow-up contact two months later suggests that the treatment plan be evaluated. All members reported feeling better about themselves, but consistent with reports from other group treatment programs (Frommer, et al., 1987) they were unable to stop the binge-purge syndrome completely. The number and frequency of binges were lower, and they reported having more control over other areas of their lives including personal relationships and money management.

Group members indicated that the most important benefit from the group experience was acceptance and new friends. Since they had been secretive and dishonest even with themselves prior to participation in the group, all felt that the group was worthwhile. The lack of intimate relationships was a problem for all the members, and the skills they acquired in interpersonal relationships were very important. If the lack of healthy relationships is etiologically significant in bulimia, it follows that treatment in groups will provide a relevant therapeutic method for many bulimic clients. The dangers of learning new purging habits from each other may need to be considered, but the benefits from learning that one is not the only person in the world with this behavior is therapeutic in itself.

The most conspicuous recommendation that the group itself presented was to increase the number of sessions. Continued group therapy could involve more intensive dealing with difficult emotional pressures as well as solidify the sense of support from other group members. Individual therapy seems a natural follow-up to work with impulsivity and the continuing need for immediate gratification. The combination of group support and individual work may have the strongest impact of all. Further study should look at combinations of individual and group therapy models.

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# First Person Accounts: Exercises in Empathy for Counselor Trainees

*Pamela Cogdal* *R. Anthony Sanders*

*This article focuses on the use of descriptive narratives as training tools which allow counseling trainees to understand the personal experiences of clients on a cognitive, emotive, and behavioral level. It is proposed that writing about a hypothetical client's life experience facilitates the trainee's development of empathy. This exercise also allows for personal introspection on the part of the trainee, and aids in dispelling stereotypical beliefs. Examples are included.*

Empathy may be described as the cornerstone of effective counseling. The ability to understand a person from their own frame of reference is necessary, although perhaps not sufficient, for therapeutic change (Cormier & Cormier, 1979). Once this ability is mastered, beginning counselors must continue to develop a repertoire of counseling skills and strategies.

Several exercises in empathy training exist. Carkhuff (1979), has developed five levels of emphatic understanding. Counselor trainees may be asked to read a counseling scenario and to rate each counselor remark on the five point empathy scale. They may do the same by listening or viewing a counseling scenario on audio or video tape. Once this is accomplished, they begin to rate their own counseling interactions in role-plays, or even their responses to others from their personal life experiences. Ivey (1980), would propose that they teach this ability to others as a means of further integrating this ability into their skills repertoire.

Composing another's life experience in a first person account can also facilitate development of this emphatic understanding. First person accounts involve writing a story about an individual's experiences, feelings, attitudes, and thoughts in a narrative style.

Pamela Cogdal is a psychology intern at Northern Illinois University, DeKalb, Il. Anthony Sanders is at Southern Illinois University, Carbondale, Il.

This exercise could prove especially beneficial if the counselor creates the life story of an individual representing a group whose life experiences are unfamiliar to the counselor. This requires the counselor to become aware of "other-world views." Not only will this expand the counselor trainee's empathy range but it may assist in removing stereotypical notions concerning certain groups.

There is another potential benefit to such a training exercise. It has been proposed (Cormier & Cormier, 1979), that "preoccupation with yourself, your skill, or a particular procedure reduces your ability to relate to and be involved with another person." Writing another's life experience facilitates the ability to enter another's world-view without emphasizing responding in a prescribed fashion in the presence of peers and supervisors. That is, experiencing empathy as a personal event rather than a demonstrated skill allows a counselor trainee time and privacy to learn about others and one's self, without preoccupation of delivery of skills.

Students interviewed concerning their experiences with such an assignment, revealed personal discovery of similar feelings and concerns to those they composed for imagined clients. Notions of what is abnormal, or an "us"-"them" mentality were challenged as participants acknowledged that emotions exist on a continuum, and that most persons will experience different intensities of emotions at various times in their lives.

Excerpts from two first person accounts are included to illustrate the creative and emotional input generated by such an exercise. The first is an account depicting an individual diagnosed as alcoholic and the second is hypothetically diagnosed as schizophrenic. These accounts, as assignments are expected to be references with psychological research and resources. (The following were released by the authors of this article.)

> Example One:
>
> "It's ironic in a way, that today taverns hold a different meaning to me. They seem almost womb-like. This is, they're a heaven, a safe place, and in fact a warm place to get away from the pressures of the world. I don't know if you know about the relationships that develop in lounges. There's a strong sense of comradeship. No matter what, you can count on your buddies to cover for ya. For example, if the "little woman" calls looking for me, the bartender won't hesitate to say "he's out." That works until she comes in and drags me home. That's when I can't escape the fighting. Too bad she can't understand what bars have to offer. I've

tried to bring her with, but she gets so damn upset when I buy the rounds or treat my buddies. Hey, nothing but the best for my guys . . . they allow me to be a real man."

Example Two:

"Do you like this gown? My body couldn't bear to wear that institutional green. Lovely yellow, the color of God, gold, and guardian angels. When I wear yellow, I forget and forgive sins I've past and know I'm on the road to serenity. Like Oz you know? Like Ozzie and Harriet my Mom and Dad used to be. Do you know they never fought? They never yelled in front of the children. They never did any of that dirty stuff either. Good clean farmers. Toiled in the dirt. Dad—he didn't talk period, end of sentence. He made the rules though, I know because Mom told us. Silence you know is alot like prayer—prayer is yellow, silence is golden.

Upon completion of this exercise volunteers may share their works with other counselor trainees. Questions which might generate diagnostic discussions concerning these accounts include:

- How would you conceptualize such an individual?
- What goals would you have for this individual in counseling?
- What potential issues might arise in a client-counselor relationship?
- Which counseling approaches would be most effective?
- How did you feel composing this narrative?

The potential learning experiences for such an exercise are only limited by our imagination. In conclusion, first person accounts appear to be an economical, non-threatening approach to experiencing others before one is actually confronted with such clients. As well as developing one's ability to be empathic it may also serve to challenge preconceived stereotypes about certain groups, indeed breaking down the "us"-"them" dichotomy. The authors believe it to be a worthwhile training tool for counselor preparation programs, and encourage future creativity in the classroom.

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# *Editorial Note*

Besides the publication of manuscripts by authors and co-authors, we encourage recognized authorities to do special issues with us. Occasionally, students and colleagues may write outstanding manuscripts that would benefit IACD members. Please contact me about the possibility of sending these manuscripts to our reviewers for publication. Recognized authorities may wish to invite national and regional authorities to contribute manuscripts for special issues.

Bea Wehrly is a recognized authority on cross-cultural counseling. She recommended the following cross-cultural papers, done by graduate students, for publication.

Michael Illovsky

# My Cultural Heritage: Germanic

***Barbara Runge***

*The author traces her German roots. In doing so she has gained an appreciation of her past. She also found that American values closely resemble many values of German-Americans.*

As a counseling student, I was assigned to trace my own ethnic heritage and prepare to contrast the values I found with those of other cultures. This project increased my personal awareness–I did not know the extent of my ethnic background. Awareness of personal heritage gives insight, yet care must be taken not to stereotype. My experience is unique and yet we are all alike in some ways (Draguns, 1981).

"She's a Rostenbach." My paternal ancestors are German and I grew up on a farm next door to my grandparents. I accepted my heritage without ever realizing just how much this "invisible" German ethnicity influenced me. I had a strong emotional bond with my grandmother and much cultural exposure due to our proximity and isolation from other families.

Ancestors on my mother's side of the family have been traced back to colonial New England, but I feel only indirect influence.

*Barbara R. Runge is a Registered Nurse and certified Child Life Specialist at St. Luke's Hospital, Davenport, Iowa.*

I have few family recollections. I seldom saw these out of town grandparents and I was one of some fifty grandchildren. I've enjoyed my genealogical search, but I identify with the Germanic traditions.

My personal genealogical research of obituaries and census reports yields that my great-great grandfather, Julius Henry Rostenbach was born in Branschweig, Germany, as was his wife Minnie Kaufman. They were married, and in 1854 traveled to the U.S., settling in Indiana for one year and then moving to Buffalo, Iowa. He served in the Civil War and was a cabinet maker by trade.

Historically, Europe was flooded by inexpensive, mass produced products of the industrial revolution in England and craftsmen were out of work. Then famine swept across the continent. 1854 marked the peak of the German immigration, which would slow during the Civil War and resume again immediately after the war. Germany was not yet unified as a country. An effort to unite the country had failed in 1848, leaving political unrest (Baxter, 1987).

Also German were Henry Jochim Meyer and Barbara Altfilisch (for whom I was named). Henry traveled to America at the age of seven with his parents, settling in Davenport in 1864. Barbara was born in Albany, New York, and traveled on with her immigrant parents as a two year old. Henry was a cigar maker, a city alderman and a life long Democrat. He was the president of the cigar maker's union and prominent in the Turner Society.

These young, German speaking couples had enough money to travel to interior communities previously established by Germans. They settled with others to share language and social customs. Since much of the earlier immigration had been in search of farmland, these settlements were often in midwestern areas like Davenport or Buffalo, along the routes followed from the ports of entry: New York and New Orleans (Baxter, 1987).

However, their descendants were to see the outward signs of their culture vanish. German culture assimilated into the main stream culture due to the large number of immigrants and their cultural heterogeneity. They were never a distinct political or societal organization due to many individual ideas and the lack of group cohesion. (Germans were not even cohesive in Germany yet!) The most shocking impact on the German culture in America came with the U.S. entry into World War I. McGolderick (1982) describes: "There was a general climate of harassment, including a ban on German composed music, the renaming of persons, foods, and towns, vandalism, tarring and feathering, arrests for unpatriotic utterances, and even a lynching in Collinsville, Illinois on April, 1918. Public burnings of German books were frequent." My grandmother witnessed book burnings and Davenport did rename streets. Further insult came with World War II with German families experiencing a prolonged loss of ethnic identity and pride.

Reading McGolderick's chapter (1982) on traditional German values was like reading a horoscope! I will list some of those values suggested and relate how they are manifested in my life.

## WORK

Germans traditionally value work. My father worked long, hard hours as a dairy farmer and my grandmother and mother both worked. Mother was employed in town, but otherwise we all worked and lived in the same place. Family life and work was integrated. We never took a vacation or had a day off.

I take my work seriously, meeting deadlines and following through on details. Vocational success is a source of pride and the result of effort. I began working for my father and grandfather on the farm when I was ten years old. For driving a tractor I was paid one dollar per hour and I had to put aside fifty cents into savings. My first real job was at age 16 and I've been employed ever since. Work is very related to my identity and interwoven with my family life. A nursing position brought me to pediatrics. Then when my children were small, I co-ordinated our church school. This was a flexible job: I brought work home and reversely took my children to work with me. I now work a nursing job concerned with emotional needs of hospitalized children. Somehow I was driven to create a career, not being satisfied to put in the eight hour shift. I'm still ambitious, work hard and find enjoyment in what others might call work. If I'm not producing something or getting things, the day seems wasted. (Germans don't waste anything). I tend to be pragmatic—whatever works. It's interesting that although I don't keep a spotless house, I still feel guilty when my mother drops in.

Perhaps implied in all this work is an element of self-sufficiency. Sometime independence is a problem, however, when I need help or wish to express emotion. Perhaps my nurturing, female qualities help to balance out my emotional personality. I have noticed restraint in men of German heritage. Ironically, without any parental pressure, I dated almost exclusively men of German heritage. Perhaps we were attached by our similarities (Stewart, 1981).

Thrift needs mention. I value a bargin even if I have money to splurge. My grandmother was frugal by necessity, but I saw her as clever and assimilated that trait.

## FAMILY

Family is important in German tradition. We often turn to each other for help rather than to friends or professionals. My family tends to be private with their problems. We are also available to each other geographically, living in the same county for over 100 years.

Family roles traditionally will show father as the head of the family with mother as a helpmate, working along side to supplement resoures, rear children and keep house. She has much power and responsibility. Traditionally, mother shows a nurturing, emotional personality as opposed the father much more reserved manner (McGolderick, 1982). I've only seen my father cry once, at his own father's funeral. I know he is very sensitive. My parents seldom touch or hug me as an adult, but they would do anything for me or give the sky.

Our extended family still gathers for birthdays and Christmas. Children are highly valued and included. Often they are the celebration. All my adult life I have worked with children and my own children are very important to me, a great source of pride. I hope for them "a better life than mine" and that probably means more status, a better job, and wealth as opposed to affective values

## EDUCATION

I was expected to do well in school. I hear myself telling my sixteen year old, "My job is to go to work and your job is to get good grades." My children grew up knowing they were going to college, as if they had no option. For myself, I went back to college as an adult. I remember my grandmother Clarice as an educated person, although in 1912 that meant a high school diploma. I admired her as intelligent and resourceful, keeping the family business accounts and writing magazine articles. I can remember her telling everyone how "smart and responsible" I was. Ironically, I have heard myself use the very same words to describe my own daughter!

## SENSE OF JUSTICE

In my own family I have managed the household by cooperation and with an emphasis on sharing responsibilities. We approach problems and conflicts in a rational way, balancing everyone's needs. Tangible evidence and monetary contributions are recognized as caring at least as much as affection. It is important to me to choose gifts carefully and I taught my children to also give and reciprocate. I grew up not expecting a free ride. My parents calculated to give each child and grandchild Christmas and wedding gifts of equal worth. Grandma once told me that she needed to live longer to give each of her children a nice round, equal sum of money. I feel I owe my parents in their old age as they provided for me as a child.

In summary, reviewing Stewart's "American Cultural Assumptions," (1972) it occurs to me that American values closely resemble many values of the German American. Perhaps that is true due to the large numbers of Germans assimilated into the general population. I've always taken for granted that I was about like everybody else and never felt very ethnic. Now I realize I'm so much more "German" than I ever realized. I never appreciated just how many Germans lived in my community. Not all of these characteristics are healthy. I'm now aware of attitudes that will need to be modified in counseling situations. My genealogical research has been very enlightening and entertaining. It's like finding people and their names and family stories come alive. It does enstill a sense of pride, this finding of my roots.

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# *My Cultural Baggage: British American Ethnicity*

*John Heath*

*The author examines his British-American heritage. He found a heritage rich in its emphasis on freedom, free will, hope, democracy, caring, and striving. He shares how his cultural baggage encouraged and nourished the addictive processes that eventually contributed to his alcoholism.*

British American families are the descendants of English, Scottish, and Scotch Irish immigrants. The heritage is rich in its emphasis on freedom, free will, hope, democracy, caring, and striving. The inheritance, however, sends baggage to be carried which can be, at times, extremely afflictive and debilitating to the bearer. This is an experiential article to share how my British American cultural baggage encouraged and nourished the addictive processes that eventually contributed to my alcoholism.

## INTRODUCTION TO THE BRITISH AMERICAN

A brief review of the literature on British American ethnicity

*John C. Heath is President of Imark Industries, Geneseo, Illinois*

reveals a legacy that empowers individual effort and blurs recognition or acceptance of limitations. McGoldrick, Pearce, and Giordano (1982) stated that "British Americans are taught that the meaningful issues and struggles of life all lie within the self and that there are few external constraints that cannot be overcome by individual effort" (p. 458). They found British Americans to be principled; responsible; self-reliant; future oriented for individual achievement; motivated by a belief that ties self-esteem, sense of adequacy in relationships, and moral legitimacy to God to productivity and success in work; appreciative of family as it sustains the individual; and conditioned to control all aspects of life. McGoldrick, et al. (1982) found British Americans lacking in maintaining mutually giving relationships, tolerating dependency, integrating and expressing emotional experiences, dealing with uncontrollable aspects of life, coping with failure, and expressing unconditional love.

Pedersen, Draguns, Lonner, and Trimble (1981) state that Americans value adherence to type, agreement, and similarity. They state that economic order, equality, and stress on activity move Americans toward conformity. Peabody (1985) points out that equality and achievement are the cornerstones of those American characteristics which emphasize freedom, individualism, competition, other directedness, rejection of authority, work, practicality, and lack of intimate relationships. Nakken (1988) states that certain American values and beliefs enhance the process of addiction. He cited looking out for number one, living for outcomes, control, perfection, lack of genuine relationships, worshipping objects, and valuing excesses as examples of American values and beliefs that help push certain members of society toward addiction.

## MY VALUE SYSTEM

A recent graduate course in multicultural counseling at Western Illinois University prompted me to investigate my own cultural background and its influences on my life. An analysis of my family genealogy indicates that, in quantum terms, I am 62½% English, 25% Bohemian, and 12½% Scottish. My best information indicates that my ancestors arrived in North America during the postrevolutionary immigration period in the mid-19th century. Knowing that, having studied the various references cited earlier and the handouts and readings in the aforementioned graduate course, and then matching all information to the way I am—feel, behave, perceive—I can say without reservation that I claim the ethnicity of British American. In fact, I could be the archetype for the current generation.

In claiming the British American value system, I am honoring the tremendous impact it has had upon my life without conceding to its imperviousness. My personal life and classroom studies indicate that ethnicity is a double-edged sword which imposes serious human limitations while carving a powerful influence in our individual and family lives. For instance, the British American value which emphasizes individual efforts toward perfection may well also impose upon an individual the anxiety feelings from a life riddled with perceived mistakes and unfulfilled expectations.

At the outset I must state that the value system I have today is changing and is dramatically different from the one I nourished the first 39 years of my life. Those years were a classic illustration of a person driven by the values attributable to a British American descendent. Achievement, winning, success, perfection, self-reliance, emotional detachment, quantifiable results, hard work were all qualities which I found important and perceptually comfortable. I measured my self-worth by external achievement and quantifiable accomplishments. Achievement was measured by popularity, "strokes," titles, honors, and press clippings. Quantifiable accomplishments were identified by money, materiality, grades, points, times, etc. Somehow in my developing years I internalized values which a *good* or *right* or *proper* man *ought* to have—at least with regard to external appearance. Attendance at church was important; good manners were a must; respectful behavior was expected. I became a "looking good" male with all the external trappings of a successful and righteous person. It was important for me to be right, to be in control, to be intelligent.

While I constantly craved the approval of others, including my immediate family, basically I conducted my life in a picture frame dedicated to my mother to offset all the pain she had suffered in her divorce-ended marriage to my alcoholic father. Subconsciously, that pledge of dedication gave my British American propensity to achieve even more impetus. Lives lived in picture frames preclude intimacy and produce silent codes of behavior that exclude meaningful communications. Even though our family lived without sharing innermost feelings, I have the distinct perception that each member yearned for more intimacy and closeness.

Probably the value which has given me the greatest sense of motivation, yet has also caused me the greatest sense of pain, is perfectionism. As I reflect upon the British American culture and its underlying values, perfectionism seems to be the thread which strings them all together. For 39 years I considered perfectionism to be an asset. Today I know it to be a defect for it tolerates mistakes in a most dictatorial and unforgiving passion. However, the desire to achieve perfection propelled me to great accomplishments such as material wealth, president of a publicly-held corporation, military commendations, a post-graduate business degree from a prestigious Eastern university. Yet, when it would seem that I should have been on top of my perfectionistic mountain, I found myself in the recovery rooms of an alcohol treatment center. I was lonely, broken, battered, and seemingly imprisoned by the very system and values I had worshipped. Perfectionism had been the shepherd of my self-esteem, while its impossible attainment was the wolf waiting at the sheepfold's gate.

## ANECDOTES OF MY CHANGING VALUE SYSTEM

Certainly the British American value system expects much of an individual and places great emphasis on individual responsibility. My mother likes to tell people a story about me to point out that I had adult qualities when I was only seven years old. Apparently one night, shortly after her divorce, she found me crying in bed. When queried as to my distress, I responded that I was concerned about whether we had sufficient money for living expenses. My mother relates this story with positive feelings while I cringe at the implications this story has had on the combined cultural and alcoholic issues in my later life. A life dedicated early to responsibility and achievement leaves little room for just plain being a kid and having fun, the latter being something I have difficulty with yet today.

Trust and faith have been major issues for me. In a culture that believes that worth is measured by self-directed and self-imposed accomplishment, it has always been hard for me to rely on anyone other than myself. Delegating key work to others, letting others drive a car in which I am a passenger, and permitting others to manage my money are a few examples of my lack of trust. For instance, I have not yet been able to become comfortable turning over to my wife any responsibilities for the details of our family finances.

Looking good to others has been extremely important to me on my life journey. I needed external approval to bolster my self-esteem, a cultural characteristic tied to the British American fear that personal weakness is synonymous with failure. Over the years I have worn many masks designed to impress others. For instance, I have attended church my entire life—have even gave a few sermons—simply because church attendance was on a subconscious list I checked for looking good. Today I attend because I believe and feel a need.

British Americans value and experience family only to the extent it sustains the individual. Members of my family have never been close and my sense is that there is a silent code of conditional acceptance that somehow imperceptively winds its way through our relationships. In the past 20 years, my father, mother, brother and I have been together twice. Sure, we write or call, but there is not a bond that permits honest sharing of feelings. It is sad, and I pray for a softening.

In British American values, one denies problems by not complaining or involving other people. I could write a master's thesis on this point. When I checked into treatment in 1978 for alcoholism, there was not a single person, other than my wife, who had any inkling that I had an alcohol problem or was anything other than a looking good corporate executive, community leader, and a family man. In reality, I was hurting deeply on the inside and was hopelessly lost and trapped and knew not how to find my way out. Still, I sought no help from those nearby.

Above all things, British Americans value work and the success that work can bring. I have used work in an almost workaholic manner to fulfill my success needs and, while so doing, to avoid intimacy and direct experiencing of my emotions. As a finance and accounting executive, I relied upon my brain and, for years, probably considered it my best friend—today, in many respects, I believe it may be my worst enemy. I was addicted to work and to the feelings that an exhaustive, crises-oriented pace gave me. At one point, I was an officer and director of five corporations located in four different cities. On the question of intimacy, I can say that even today I do not have what I would consider an intimate relationship with any male. I have not yet replaced my brain with a human male best friend. My wife is the only person who intimately knows me.

I could write an infinitum to support the fact that British

American values weight my cultural baggage. I cannot leisurely jog without keeping a stopwatch on times and laps. My mind is cluttered during baseball season with meaningless statistics. I am forever filling each minute with "60 seconds worth of distance run." A British American value system can be an exhausting and addicting heritage to embrace.

## CONCLUSION—A DILEMMA

This paper has been extremely difficult to write in that my values have changed or are changing dramatically. Much of the above discourse has been on values I have held.

In a very real sense, my British American value system has cheated me, and I am somewhat angry, frustrated, and hurt by it. In many respects, the pieces of my cultural baggage, the pieces of my emotional instability as a recovering alcoholic, and the pieces of the issues which evolve from being an adult child of an alcoholic, all fit the same puzzle—and, in fact, are interchangeable. The alcoholism recovery issues dictate that I make important changes in perceptions, emotions, and behavior—such as perfectionism, anger, self-centeredness, control, self-esteem, impatience, trust, materiality—while my cultural baggage opposes such change and hangs like a rock in the very depths of my being. It is as if I am being asked to exchange "roots" for "wings." It is very difficult to "wear the world as a loose garment" when one's very foundations are imbedded in "shoulds," "musts," and "oughts."

"The years teach much which the days never know . . . ." . . . .
Ralph Waldo Emerson

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# Chicanos And The Counseling Process

*Chuck Rudiger*

*An effort to report on modern Chicano culture and its historical roots as relating to counseling. A thorough review of recent literature showing the most propitious approaches to counseling the Chicano client. Chicanos tend to be skeptical of scientists and social service providers. Language and religious differences tend to militate against successful counseling. Therefore, the personalized but formal approach leads to establishment of good rapport. Respect and familiarity with the Chicano culture and language facilitate diagnosis and intervention. Furthermore, differentiation between personal or societal stressors must always be noted. Research indicates that intervention through the family unit is more functional.*

## HISTORICAL OVERVIEW

### Historical Background

Mexican-American history begins with early Indian tribes. The tribes apparently migrated from Northern Asia and spread South throughout North America into modern day Mexico (Meier & Rivera, 1972, pp. 3-4). The earliest known and named tribes appear to be the Nahuas, Toltecs, Chichimecas, and the Aztecs. These were largely nomadic tribes that settled into the Valley of Mexico near Mexico City (Rendon, 1971, pp. 7-8). These tribes traded, learned more complex agricultural skills, and fought each other. Their influence slowly spread throughout Mexico into the modern Southwestern United States (Rendon, 1971, p. 12). The last of these tribes, the Aztecs, were also known as the Mexicas, the derivative of the modern name of Mexico and her citizens (Meier & Rivera, 1972, p. 5).

The Spanish, bringing African slaves, landed and conquered most of Mexico in the early sixteenth century. Wherever they conquered, Catholicism was imposed on the natives. Other European influences were also introduced, although the Indians

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*Chuck Rudiger is Distribution Supervisor of the Quad City Salvation Army Office, Rock Island, Illinois.*

retained much of their own culture (Meier & Rivera, 1972, pp. 10-11). Modern Mexican-Americans are thus a fusion of at least three different cultures: native Indian tribes, Spanish conquerors, and other North American peoples (Rendon, 1971, p. 13).

In the modern day geographic limits of the United States the historical past of Mexican-Americans has created not one, but at least three subcultures: those of the californio, tejano, and neuvo mexicano. These three groups have been affected differently by their dates of settlement in the Southwest, the geography and natural resources of their settlement areas, their degree of interaction with local Indians, and the volume of recent immigration from Mexico. (Meier & Rivera, 1972, p. xvii). The Southwestern United States was acquired by the Americans during the nineteenth century under the auspices of treaties, threats of war, and outright conflict. Thus did the Hispanic residents of the area become citizens of their new country. The Hispanic communities survived the onslaught of the struggle for independence in Texas, the California gold rush, and the Civil War. The transcontinental railroads introduced more Anglo settlers in what was even then a remarkably diverse population. The American Indians were being assimilated or annihilated during this tumultuous century.

The economic development of the area brought many non-European immigrants: Chinese, Japanese, Indians from Asia, Negroes, and Filipinos (Grebler, Moore, and Guzman, 1970, p. 45). All competed for land, jobs, and other resources. However, due to the overall sparseness of settlements and isolated patterns of settlement practiced by many Mexican-Americans, very little movement into the mainstream of Anglo life occurred. New Mexico, for example, remained largely Hispanic for all of the nineteenth century and into the twentieth (Grebler et al. 1970, pp. 43-44).

The treatment afforded the non-Anglo residents of the Southwest created much suffering and conflict, perhaps planting seeds of discontent still growing in the Hispanic community today. Newly arrived Anglos absconded with Mexican-American lands regularly (Meier & Rivera, 1972, pp. 71-72).

During the late nineteenth and early twentieth centuries Mexico was experiencing great political and economic upheavals. A large number of Mexicans immigrated to the United States (either legally or illegally) during this period of time. The industrialization of the United States was burgeoning; Mexican immigrants became a source of cheap labor. Migrant agricultural laborers also played a significant role in the development of our sugar beet, grape, and cotton industries.

The labor shortages during World Wars I and II continued to encourage the use of Hispanic workers. During World War II agreements between the U.S. and Mexico institutionalized the practice of utilizing Mexicans as a cheap source of labor. During times of economic hardship (i.e. the depression of the 1920's), however, they were fired quickly and many were deported (LeVine & Padilla, 1980, pp. 22-23). This boom or bust cycle shaped much of the Hispanic patterns of immigration, migration, and social success even up to the present time. Continued poverty and lack of economic opportunities in Mexico continue to fuel the immigration to the U.S. Here Chicanos are a continuing source of cheap labor and the target of political scapegoating.

## Cultural Influences

There were many Indian tribes scattered about the Mexican land mass. The main ones mentioned above are only the largest or most successful. A great linguistic variety, many varying social structures, and various religions existed throughout Mexico's earliest history. Much remains unknown about this period of time as there has been little research or intensive study (Meier & Rivera, 1972, p. 5). It is known that the ancient Mexican peoples were extremely creative, industrious, and numerous. Great cities . . . were developed very early. . . . The ancient Mexicans excelled as artists, craftsmen, architects, city planner, engineers, astronomers, statesmen, and warriors. They also developed centers of higher education, wrote excellent poetry, produced many historical and religious works, and were very interested in philosophical questions. (Johnson & Hernandez-M. 1970, pp. 47-48).

The Spanish invaders introduced a new religion and various other ethnic influences. Spain came to the New World with the Cross in one hand and the Crown in the other—the two majesties of church and state, supposedly two powers equally involved in each other, . . . and dealing with the natives on an equal footing. . . . The Indian, of course, found himself caught between the coeval majesties. . . . Torn between the two, the Indian was never wholly Christianized, nor was he ever brutalized out of existence. (Moquin with Van Doren, eds. 1971, p. 2).

The multi-cultural Spanish seemed just to spread a thin veneer of European culture over the Indian cultures they conquered. Many Mexican artisans were in constructing churches and government buildings. Intermarriage was common. A new culture was created over the years. Various tribes assisted the Spaniards in their continuing conquest of the North American continent. These mestizos and Indians were also important as farmers, miners, herdsmen, servants, and craftsmen (Meier & Rivera, 1972, p. 12).

The merging of the races and the Spanish influences brought about a class-color consciousness that stratified Mexican society and still influences Mexican-Americans today. The pure-blooded Spaniards (peninsurales) headed the social classes, followed by Mexican born Spaniards or creoles (creollos). Lower still were the mixed Spanish and Indian Mextizos; darker skinned Indios (perhaps of Negro heritage) were of the lowest class (Rendon, 1971, p. 29).

As the Anglo settlers moved in, more outside influences were felt in the tight-knit Chicano communities. Protestantism was introduced, but never flourished (Grebler et al. 1970, p. 487). Public education, mostly in English, was introduced. However, Anglo oriented schools, segregation, and marginal conditions often led to poor educational opportunities for the Chicano (Johnson & Hernandez-M. 1970, pp. 51-53). Generally, American institutions and beliefs were slow to be assimilated by the Chicano culture. As late as the 1950's, Kluckhohn found that the Spanish-American culture was the most different of five (Texan, Morman, Mexican, Zuni, and Navaho) separate cultures. Although this researcher and others noted that these differences are bound to narrow in later years and larger cities, the Chicano sub-culture was unique (Grebler et al. 1970, pp. 421-422).

The nearness of the border has much to do with the aversion among many Mexican-Americans to assimilating to North American ways, becoming U.S. citizens, or learning English. Many Chicanos tend to visit the home country quite often and at length, leading to cultural ambivalence rather than equilibrium, thus hampering those Chicanos in coping with the alien way of life (Rendon, 1971, p. 20).

### Historical Patterns of Mental Health Services

Little is known of the ancient practices in the mental health field. It is safe to say that organized religions, family groups, and various superstitious beliefs would all play a part in the healing processes.

In general, Indians and Latins are people who tend to endure stress and other hardships passively, trying to avoid interpersonal involvement or conflicts (Vega & Miranda, 1985, p. 216).

The Spaniards brought Catholicism to the North American continent. The Christian beliefs blending with various Indian religions strongly affected Mexican culture. The lack of funds, shortages of priests, diversity of the populations, and vast land area made it difficult for the church to plan programs beyond the immediate conversion and ministerial functions. Despite these difficulties, the priest was a primary confidant (Levine & Padilla, 1980, pp. 22-23).

Traditionally the knowledge of health and disease was rooted in the conception of the individual as a sum of balanced parts and qualities. When one was healthy the entire being was in balance. Disease or dysfunction results from some lack of balance. When the case of disease reached alarming proportions and required more potent treatment, generally the Catholic clergy became involved. The sick one must be blessed (ensalme), apparently a regular (if not theologically recognized) ritual (Rubel, 1960, pp. 804-805).

Two social networks also played an important historic role in maintaining or controlling mental health problems. As with almost any human group, kinship networks and linkpersons provided the necessary social controls. Kinship networks basically comprised of family system, either nuclear, modified, or extended. They provided social support (or lack of same), helping to keep individual behavior within acceptable norms. The key distinguishing features of kinship networks were (1) their closed entry to membership except through birth, marriage, or adoption and (2) their determination of ascribed roles according to birth status.

Linkperson networks were composed of individuals linked by relationships rather than birth. The linkperson networks have antecedents from indigenous Aztec institutions of clan caretaking systems. These *calpulli* were responsible for providing for the public welfare. In times of need, care was distributed according to the dictates of the society. The Spanish introduced a system of co-parenthood (compadrazgo), whereby individuals were "linked by formal ties that entail certain rights and obligations such as caring for others" (Vega & Miranda, 1985, pp. 150-151).

The spiritual identification that Mexican-American people felt led them to rely to some extent on spiritual healers, Indian herbalists, and other forms of witchcraft. Although it seems that there was widespread use of these indigenous methods, little is known of details. Many practitioners used secret rituals or had only limited local areas of practice. The main source of help for the Chicano community was local 'witch-persons' or religious leaders (Padilla, and Alvarez, 1975, p. 895).

## CURRENT STATUS

### Ethno-Cultural Values

The individual Chicano has great spiritual sensitivity and depth of belief in religion. Catholicism remains the main religion of choice today (A. Cardoso, personal communication, April 20, 1987). The Mexican-American appears to have an almost filial relationship with the divine (Rendon, 1971, p. 9). Other researchers suggest that Hispanics may harbor deep-seated beliefs in the supernatural which influence their cognitive processes (Vega & Miranda, 1985, p. 19). The many variations on the theme of the supernatural show that the Chicano tends to believe in an external locus of control which may lessen his/her ability to mitigate the impact of stressful life events (Vega & Miranda, 1985, p. 14). Therefore, one can understand the apparent passivity with which the Chicano tends to view life.

Individual stress management or *controlarse* is central to Latino lifestyle. The Latino attempts to govern his behavior by exercising discipline over unpleasant feelings, thoughts, and moods. This helps keep negative feelings in check and also contributes to the appearance of passivity (Vega & Miranda, 1985, p. 205, 211).

Sexual role differences are quite sharply defined in Mexican-American culture (A. Cardoso, personal communication, April 20, 1987). Women tend to be strictly concerned with the home and children. Some are even denied the right to visit with other women in the neighborhood (Rubel, 1960, p. 811). Modesty and virginal honor are valued for the daughter (Falicov, 1982, p. 139); although according to my informant, Antonio Cardoso, this custom is not as strong here in the urban North. The male, in contrast, must function in as untrammeled a fashion as possible. Men are expected to pursue social activities away from the household (Rubel, 1960, p. 811). *Machismo*, or manhood with dignity and honor, is most vital for the Chicano male. He must protect his household and women, keep his word, and protect himself in order to avoid showing any weaknesses (Vontress, 1983, p. 98, and A. Cardoso, personal communication, April 20, 1987).

Personalism (personalismo) leads most Latins to prefer personal contact and individualized attention with much physical contact among peers (Ruiz & Padilla, 1977, p. 403). The Chicanos seems more interested in people and their relationships than in institutional procedures and demands more individualized attention from the bureaucratic system (Vontress, 1983, p. 98).

The family is the most important institution in Chicano culture. The individual is submerged, controlled, and defined by his relationship within the extended family. The family structure includes many relatives or even outsiders taken in by that family (A. Cardoso, personal communication, April 20, 1987). The male is the authority figure and must be respected. Respect for the elders, unwavering love for the mother, and loyalty to the family are expected (Ruiz & Padilla, 1977, p. 403). The formalized kinship structure leads to a large extended family of relatives and non-relatives. "To facilitate the fuctioning of the kinship network, affiliation and cooperation are stressed, while confrontation and competition are discouraged" (Falicov, 1982, p. 138).

The concept of *controlarse* also is significant in family relations. In socializing their offspring, Latinos place priority on teaching proper conduct through this containment of feeling. Girls are to suppress feeling so as to maintain respect from boys. Boys are taught to control their aggressive behavior. Men are to govern their strong emotions and depend on women for a moderating influence (Vega & Miranda, 1985, pp. 205, 213). Men and women in conjugal relations tend to avoid the direct expression of conflict. The overt expression of negative feeling should be avoided, with the wife to be the moderator and help contain the emotions of all concerned. They are to bring stability to the relationship (Vega & Miranda, 1985, p. 213).

In sum, Chicanos, despite a tremendous diversity, do seem to have many common traits: a strong sense of family loyalty and dependency, a tough stoicism, a strong spirituality bordering on submitting to God and Nature's will, and an independence from alien social groups (Rendon, 1971, p. 32).

## Current Patterns of Mental Health Maintenance

Chicano mental health service needs are still primarily met by the same groups as in the past. My informant, A. Cardoso (April

20, 1987), states that many rely on their family or priest for help with personal problems. He confirmed that the kinship networks are very important to stable Chicano life. It seems that most Chicanos feel that discouraging institutional policies may be largely responsible for the under-utilization of counseling and psychotherapeutic services . . . a large body of literature describes counseling service as inappropriate or irrelevant in meeting (their) needs. . . . frequently services are provided in agencies or centers situated at unrealistic geographic distances from the residences of the target population, . . . (Chicano) clients cannot be served adequately by monolingual English speaking professionals (Ruiz & Padilla, 1977, p. 404).

Perceived cultural-class bias on the part of the generally middle-class white therapist also discourages Chicano clients. Many counseling services are offered by the state; therefore Chicanos distrust the mental health system and identify it with part of the 'establishment' (Ruiz & Casas, 1981, p. 182). To some Chicanos, the church and other institutions cannot be approached because of a perceived patronizing attitude. Science and scientists seem to have a bad name among the more militant Chicanos as they feel that too many Anglo scientists have studied them with little benefit to the community (Rendon, 1971, p. 88).

Other linkperson-type networks also contribute to serving mental health needs. "Friends and neighbors as well as individuals with formally designated health and counseling roles in the community—such as *curranderos* (healers), *yerberos* (herbalists), *sobadores* (masseuses), and *espiritualistos* (spiritual counselors)" help when needed." . . . Other potential linkperson network actors may be school counselors, neighborhood merchants, the local police, and even mail carriers" to complete this social network (Vega & Miranda, 1985, p. 151). In some communities, *servidoras* emerge as leaders of the community in efforts to assist others with a wide range of life problems (Vega & Miranda, 1985, pp. 137-138).

## IMPLICATIONS

### The Challenges of Chicano-Anglo Counseling

This researcher finds that the cross-cultural setting for counseling presents three main barriers to complete understanding and competent therapy: Language differences, religious or spiritual orientation differences, and client resistance and transference.

The language with which one is familiar determines so many facets of our world-view that we must not underestimate the dysfunctional possibilities. When two people think and speak in different languages, the possibilities for miscommunication are nearly endless. We know even among friends of similar ethnic heritages, misunderstandings can occur. Logic therefore leads us to conclude that those who speak different languages will have much difficulty communicating accurately.

Since most Chicanos seem to have strong and deep religious or spiritual beliefs, a scientific or entirely rational approach to mental health may be counterproductive. Inasmuch as one may not be religious, it is safe to assume that rapport and mutual understanding will be difficult to achieve. Logic will not change deeply held beliefs, therefore one must be especially alert to the spiritual implications inherent in the counseling interview and become more aware of its effect on that client.

Many Chicanos equate counselors and psychotherapy as instruments of the status quo. They tend to feel degraded or patronized by the entire process. This increases client resistance and/or transference (Ruiz & Casas, 1981, p. 182). The counselor will have to work very hard to gain the client's trust and respect. The counselor would also have to show the Chicano client that he/she is not just another Anglo out to take advantage of the minority. In order that the counseling process be able to proceed with less danger of transference, the Chicano client must be convinced that the counselor is willing and able to appreciate that person and culture.

## Methods of Cross-Cultural Counseling with a Chicano Client

Although the establishment of rapport is necessary for any therapeutic counseling, this researcher believes that in the cross-cultural setting it is even more important. A formal, polite, and reserved introductory session would be most appropriate. Some more personal touches such as "playfulness with children, humorous remarks, or praising a clever statement" (Falicov, 1982, p. 149) may help eliminate tension and appeal to the Chicano's sense of personalism. This 'small talk' can lead to a more thorough discussion of the reasons for the session.

Care must be taken to eliminate the language barrier early in the counseling process. Questions to elicit explanatory models of the client's problems would provide more structure to the interview, as well as help both the client and the counselor focus on the goals to be achieved (Ruiz & Padilla, 1977, p. 40).

Meanwhile, the counselor should be applying various minority development models to analyze the client more accurately and determine future counseling strategies. The estimation of the client's level of assimilation and his/her world view will also help the counselor understand the client and his/her problems.

Being of a minority group is a disadvantage in our society. This affects the results in most psychological tests, therefore the results are of limited value. Regardless of the diagnosis or intervention suggested, the counselor must respect the values of the Chicano culture.

Because research indicates the extreme importance to the Chicano and his family, intervention through the family group would be preferred. In the family group, sex roles must be respected, as there is much differentiation. "In moving to a discussion of the presenting problem, addressing questions to the father first, then to the mother, then to other adults, and finally to the older children and younger children, respects traditional age/sex hierarchies and conveys *repeto* (respect)" (Falicov, 1982, p. 150). "In setting goals with the Chicano client, it is important to differentiate between stresses due to personal factors and stresses due primarily to societal factors. . . . The treatment plan and goals may differ as a function of this judgement" (LeVine & Padilla, 1980, p. 199). Coping behaviors should be suggested for those stresses due to minority status, whereas stresses due to more individualized points can be treated on a more personal level.

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# Counseling The Puerto Rican Client

*Kimberley Laird*

*The author reports that Puerto Rican people are at high risk in terms of developing psychological problems. They are often poor, less educated and possess few skills to achieve gainful employment. They have rigid values and beliefs that are often unsupported by the mainland population, resulting in a disruption of the family. Social services are utilized as a last resort, often when the problem is unsurmountable. It is the counselors responsibility to create ways to make the therapeutic process more compatible with Hispanic values.*

Prior to the 1970s little attention was focused on the psychological needs of the Hispanic population. Today, they are the fastest growing minority group in the United States, therefore their problems can no longer be ignored. Of the fifteen million Hispanics residing in this nation, Puerto Ricans constitute the second largest group (Paddilla & DeSnyder, 1985). The majority of Hispanics reside in large urban areas and maintain nonprofessional jobs. They average ten years of education, while approximately one third have not completed high school (Padilla et al., 1985).

The purpose of this paper is to advise the reader about the Puerto Rican culture, and to offer possible suggestions for engaging the Puerto Rican in the counseling process. Both Native Puerto Ricans and their children born in the United States must cope with a wide range of problems and, unfortunately, it would seem that few services have been effective in helping to resolve cultural conflicts.

In addition to reviewing the literature, information was gathered by surveying seven mainland Puerto Ricans regarding family, spiritual beliefs, education, employment and emotional concerns. Two native Puerto Rican women, currently residing in the United States, were also interviewed and were asked questions similar

*Kimberley Laird is a registered Social Worker at the Community Mental Health Center of Fulton & McDonough Counties, Macomb, Illinois*

to those found on the survey. Respondents varied in age from 21 to 57, with a mean age of 32, and hailed from either a middle or lower socioeconomic background.

## HISPANIC VALUES AND BELIEFS

Literature suggesting a strong sense of family, continues to be firmly embedded in the Hispanic kindred and impacts their assimilation into the western lifestyle. Puerto Ricans are traditionally a male dominated society, and their patriarchial beliefs offer the female little input in decision making. Boys are encouraged at a very young age to display masculine characteristics and are forbidden to interact with female playmates. Girls, on the other hand, are continually reminded of their inferior status (Ghali, 1982). When married, women are responsible for raising children and attending to household tasks, while remaining submissive and dependent upon their spouses. These norms present major dilemmas for young women living in the United States, where they are expected to interact socially with both sexes and are encouraged to express thoughts and opinions in order to adapt to the larger society.

It is important to note that the strong devotion to family is not limited to parents and natural children, but rather encompasses the extended family, close friends, and children raised in homes of people with no legal or blood relation (M. Delgado & H. Delgado, 1982). The "compadre" (godfather) and "comadre" (godmother), are also significant family members as they will assume parental responsibility should the natural parents be unable to fulfill this role (M. Delgado et al., 1982).

Within the family, children are taught to respect authority and to be obedient and fearful of their father (Ghali, 1977). Their obligation to family is unquestioned, consequently making it difficult for young adults to separate from parents and attain their independence. From information gathered in the survey and interviews, it was learned that the only socially acceptable way for Puerto Rican females to leave the home is to attend school or to marry.

As adults, the man's role is to provide for and protect his family. It is his belief in "machismo," or male dominance, which often prohibits Hispanic families from using available social services, particularly public aid assistance. Men view this as interfering with their sense of responsibility to care for family members and are fearful of relinquishing their superior role. When respondents of the cultural survey were asked to define "machismo," answers ranged from, "the man has his own way" to "his decisions are the law." "Machismo" permits husbands to turn outside the marriage for sexual fulfillment, while the wife is to sit home passively, aware of her husband's affairs, but powerless to confront him.

Females are instructed as children to withhold negative emotions and are particularly discouraged from expressing anger (Torres-Matrullo, 1976). Yet, hysterical outbursts are acceptable and are referred to as "ataques," or a type of hyperkinetic seizure (Ghali, 1977). It is this hysteria that is often misinterpreted here on the mainland as a symptom of schizophrenia and can result in unnecessary psychiatric hospitalization (Torres-Matrullo, 1976).

Psychosomatic symptoms are another way in which females have learned to cope with their anger, often complaining of dizziness, fainting spells, and headaches. Mainland physicians must become more cognizant that these complaints are not organic in origin, but rather are a response to extreme stress or repressed aggression. Kleinman (1985), warns physicians that not all cultures demonstrate frustration and emotional relief in similar ways and somatic complaints do not necessarily suggest that a physical problem exists.

Survey respondents were asked to rank in order of importance to them family, employment, financial security, and self-reliance. Family was by far the most significant of these values, while financial security was the least important.

## TRADITIONAL HELPING SERVICES

For Puerto Rican residents migrating to the United States, significant problems await them. Often they come with little education and no money to support themselves with, and once here, they live in poverty and in poor housing conditions. In 1977 it was estimated that 38.8 percent of Puerto Ricans living in the continental United States earned incomes below the poverty level (Garcia-Preto, 1982). Statistics also show that only 30.6 percent of the people have completed their high school education, compared to 64 percent of Americans having graduated (Garcia-Preto, 1982). Difficulty in finding employment and high birth rates only compound the problem. Women are more likely than men to locate work, accepting menial types of labor, resulting in a departure from the traditional male-female roles, with mother now providing for the family (Ghali, 1982).

Historically, the extended family has served as the primary support system for the Puerto Rican people. However, according to the women interviewed, this may no longer be the most viable option for young people. They may find it difficult to discuss problems and concerns with parents or elders because of the conflicting value system. This is particularly true for women who have traditionally been very passive in expressing opinions and who are now encouraged, both in Puerto Rico and on the mainland, to be assertive and forthright. Such behavior can result in a confrontation with parents who have attempted to instill traditional beliefs in their children.

The priest is reluctantly seen as an alternative to turn to in times of need. Although Puerto Ricans consider themselves to be religious, the institution of the church is not viewed auspiciously. Eighty-four percent of the Puerto Rican population is Roman Catholic, although only fifteen percent of the people are rigid and devout in their practice of religious beliefs (Delgado, 1977). The elite tend to have a stronger faith, while middle and lower socioeconomic classes tend to shun the church, believing it is supported and controlled by the wealthy (Delgado, 1977). Church attendance is therefore often reserved for holidays and special celebrations. The priest, however, is seen as a preferable alternative to the social worker when comfort is needed.

In times of stress, Puerto Ricans have often sought out the assistance of the folk healer. Spiritualism is, in a sense, a rebellion against the church, with almost 90 percent of all Puerto Rican people believing in some form of supernatural powers (Ghali, 1977). Frequently Puerto Ricans will turn to the "medium" or spiritist (Delgado et al., 1982), who generally charges clients no fee and is deemed omnipotent because of the supernatural powers held. The spiritist treats both physical and emotional ailments, attacking problems with a holistic approach (Delgado, 1977). In contrast to the western counselor, the spiritist is not concerned with the orgin of the problem, but rather chooses a unique diagnosis and creates an appropriate treatment plan. The spiritist is similar to the counselor in that a task oriented approach is taken with recognition of how the environment impacts human beings (Delgado, 1977). If satisfactory results are not achieved quickly, clients will search for a new medium to meet their needs (Delgado, 1977), similar to the "counselor shopping" that many Americans will do when they are unable to feel immediate relief from their problems.

The medium is not the only folk healer available to offer assistance. The suffering can turn to the "santero," the "santiguador," and the herbalist as well (Delgado et al., 1982). The "santero" heals through the use of music and rituals, with treatment sometimes lasting several days. The "santiguador" generally treats physical symptoms and the herbalist uses herbs, baths, and teas in the helping process. Help can also be found at the "botanica," located in storefronts, where people can find herbs, prayer books, and other necessary personal items (Delgado et al., 1982).

Social services are often the last alternative sought out by many troubled Puerto Ricans. In general, they are skeptical of what the helping profession can offer because of the language barrier and a lack of understanding of ethnic values.

Conflicting information exists as to the prevalence of mental illness among the Hispanic population, however, the stress of leaving their homeland behind and seeking a new identity in a foreign land certainly places them at a high risk for developing emotional problems. It is often low income families who are referred to counseling services, or women who will reluctantly come after exhausting all other alternatives (Espin, 1985). However, it is the men who comprise the majority of Hispanic admissions to psychiatric facilities (Espin, 1985).

Those Hispanics who have had difficulty acculturating to the mainland show a higher rate of depression, withdrawal, and obsessive-compulsive behavior. They tend to be dependent, submissive, and self-chastising and are perceived by therapists as suffering from low self-esteem (Torres-Matrullo, 1976). Those who have blended with the mainstream population are often described as more self-reliant, assertive, and competitive (Torres-Matrullo, 1976), all of which are seen as positive values of the American culture.

The language barrier is a major obstacle in the usage of social services by Puerto Ricans. It is not suggested that the therapist be of Hispanic heritage, and in fact, this may be detrimental. Torres-Matrullo (1976) believes that the Puerto Rican counselor may be perceived as judgmental and therefore the client would be reluctant to share concerns. This was echoed during interviews conducted as respondents explained that their people are quick to criticize and condemn actions deemed inappropriate. The preference would, however, be for the counselor to speak Spanish fluently. In cases where an interpreter must be used, counselors are cautioned not to place children in this role (Christensen, 1975). Children are raised to be silent in the company of strangers and placing them in a position of power would be perceived as insulting to elderly family members (Garcia-Preto, 1982).

The counselor who works with the Hispanic population must be aware of accepted customs in order to establish a relationship. Failing to address clients with proper titles or to pronounce names correctly will be interpreted as a lack of interest on the counselor's part (Christensen, 1975). Respect can be expressed to clients by acknowledging rituals and behaviors, by rising during greetings and offering the courtesy of walking clients out of the office (Ghali, 1982). Clients, in turn, also feel the need to show respect and will frequently agree with all suggestions made, when in fact they have no intention of following through with any ideas.

A family oriented milieu is strongly suggested as the mode of therapy to be used with Puerto Rican clients. Within this model, not only are immediate family members encouraged to participate, but invitations must be given to extended family and significant others as well (Canino & Canino, 1982).

Goal oriented treatment is more effective than insight oriented therapy, with an emphasis on resolving the immediate crisis. This will stress to the client that counseling is able to fulfill their needs (Garcia-Preto, 1982). Trust must also be established before any true exchange of fears and emotions will occur and with a 65 percent drop-out rate, this stage is often never reached (Ghali, 1977).

## APPROPRIATE THEORIES AND MODELS USED IN CROSS-CULTURAL COUNSELING

Within the counseling process, traditional Hispanic methods can be incorporated. Herbal teas and baths have proven beneficial in relieving tension and could be used as structured relaxation exercises. The use of such techniques will demonstrate to the client an acceptance of their cultural beliefs.

Kleinman's model, noted in his paper, "Culture in the Clinic" (1985), offers numerous suggestions which would be especially helpful in working with the Hispanic client. Initially it would be important to determine to what degree, the client has chosen to acculturate to western society. It is especially important to ask what their ethnic beliefs are regarding mental and physical illness and if they have attempted traditional folk healing rituals prior to seeking counseling.

According to English (1983), counseling will be approached differently depending upon whether clients wish to maintain traditional values and customs, if they have accepted all the values of the larger culture, or if they have reached some balance of both extremes. This determination would be important particularly if the presenting issue was the wife's discontent in the marriage. In the family where there is low commitment to the larger culture and a maintenance of long standing traditions, the counselor would not initially single out the husband and berate him for the lack of equality permitted within the marital relationship. Rather, he would be afforded respect and an attempt would be made to gain his alliance, prior to helping the wife slowly begin to assert herself.

Kleinman (1985) recommends asking what specific names are given to illnesses and symptoms and to continually review this throughout the course of treatment. It is suggested that the client be asked what he believes precipitated the discomfort, how it has affected daily living, and what type of treatment would be beneficial.

## CONCLUSION

Puerto Rican people, residing in the United States, are believed to be at high risk for the development of mental illness and emotional problems. Although they maintain United States citizenship, allowing easy movement to the mainland, the problems they encounter are often greater than those faced by other migrants. They are often poor, less educated, and possess few skills to achieve gainful employment.

The Puerto Rican's rigid values and beliefs are often unsupported by the mainland population, resulting in a disruption in the family system. The male, whose traditional role is to provide for his family, often feels emasculated, as it is his wife who is more apt to find employment and become the breadwinner for the family.

Social services are generally the last resort that the Hispanic family will turn to in times of need. If problems cannot be resolved within the family system, the church or folk healers are seen as preferable options. Unfortunately, by the time counseling services are attempted, the problem has often become insurmountable.

It is the responsibility of the western counselor to create ways to make the therapy process more compatible with Hispanic values. The counselor must be willing to accept the merits of traditional helping measures and to incorporate these ideas into the counseling process. It is hoped that by doing so, Puerto Ricans will be less hesitant to use available services and will be agreeable to actively participating in the process.

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# Counseling Asian Indians in American

*Janice Tapprich*

*Counseling those of a different culture remains a challenge to Western trained professionals. Citizens of prescriptive societies choosing to live in the U.S.A. find many differences that involve cultural basics. Those entering the counseling profession must learn to present themselves as open to different ways of problem solving, dissimilar goals, and difficulty using self-reflection techniques. Counselors can help to ease these differences by becoming knowledgeable about different cultures, using techniques to allow the client to function in a more familiar way, recognizing the value of each society, and knowing himself/herself well. The client who is made to feel the counselor respects both the culture and the person will be more likely to respond to the counseling and be assisted with settling the problem.*

## HISTORICAL OVERVIEW

Historically the people of the Gangetic plain called themselves Aryan, which means "noble." They were the descendents of Persian invaders of 1000 B.C. These were Sanskrit speaking folks, who had settled in small villages by the time the second wave of Persian invaders came in the 6th century B.C. These Persians were the first to call themselves Hindus, the only religion in human history to have neither a great charismatic leader nor an event to mark its beginning (Mehta, 1970). The Hindu religion has always been involved with water and rivers, the Ganges being the most sacred river in India. The river has its start in an ice cave in the Himalayas and flows fifteen hundred miles to the Bay of Bengal. The river is so sacred that once a Hindu bathes in it his salvation will be certain, even more certain than spending his whole life meditating and praying. It allows man to "cross the ocean of life and transcend his mortal existence" (Mehta, 1970).

The Hindu religious material is an ongoing compilation known as the Vedas, but is not a sacred document. Unlike other religions

*Janice Tapprich is Director of Nursing Service at Davenport Good Samaritan Center, Davenport, Iowa*

the Hindu may choose to believe in a God, many Gods or no Gods, and he/she may believe in an event or not. Since there is little to set the Hindu apart from others in the world all world religions could be considered ongoing versions of Hinduism (Mehta, 1970).

In addition to the 80% of the Indian population who adhere to the Hindu religion, India has a large population of Muslims, Buddhists, Christians, Sikhs and Zoroastrians (Hyland, 1970).

Modern India is a large, diverse land, with vast differences in geography and citizenry. It is one third the size of the U.S.A. with three times the population, and a history dating back 5000 years. There are over 20 million tribal people needing to be convinced by those trying to govern, and over 500,000 developing Indian villages.

## HISTORICAL BACKGROUND

Traditionally, India is organized along the village line. In large cities, neighborhoods take the place of the villages, exerting the same pull and urging citizens to feel tied together. Village life and the citizens place in it is as important, or more important, than the family organization. Individualism is not encouraged and in many cases is cause for alienation from the kind of life the person has known. The caste system, much maligned particularly by Westerners, is considered by many Indians to be a system of purity, safety and social structure (Hyland, 1984).

The caste system is a special form of social stratification in which membership is determined by birth and remains fixed for life (Haviland, 1983). The Indian caste system involves a specific occupation with a specific caste, it also involves ritual purity and impurity. The caste may be left behind, in a sense renouncing the world, but the system remains unaltered, the person is merely outside the system.

## HISTORICAL HELPING SERVICES

Traditionally, help for family problems of any kind have been provided by family, and extended family (parents, uncles, grandparents, aunts). Parents have been the most consulted by the Indian population having problems. Few professional services were available and the closed family would prohibit using those services if they were available (H.S. Ahluwalia, personal communication, April 14, 1987).

In the book *Nector Without a Seive* by Kamala Markandaya Rukmani, the main character, was afraid to tell her husband that she had gone to a Western physician, even though the visit had been suggested by her mother, the natural person for her to contact. Later when the family lost the land on which they lived they did not turn to a service organization. They turned instead to the oldest son, who lived nearby, to provide for them.

The historical peasant culture, a tradition-bound society, would not allow for the development of counseling services. Nor would the culture bear the Western view of the importance of the individual. The society was built on the importance of the group: Individual needs and problems must be subservient to the group to maintain the society. India depended on tradition. It presented an unbroken line with an order in all things. Thus, introduction of outside helpers might have threatened this order.

## CURRENT STATUS

There are mental health services provided now. However most Indians feel this is for a disease processes or a "real mental illness," not counseling for problems that could and should be dealt with at the family level. It would be embarrassing to the family if it became known that a relative asked for this kind of help (M. Ahluwalia, personal communication, April 14, 1987).

The family system is still intact with the parent making decisions for the child. Decisions for advanced schooling are usually not up to the child. For instance, if the father has four sons, not all of them will be doctors or engineers even if they so desire. The father will say, we need to spread these careers around. So even though the son might have two years of pre-med, the father might say, "go back and do it over: Be an engineer" (H. S. Ahluwalia, personal communication, April 14, 1987). The children, raised in a prescriptive society, almost always do as they are told and learn to enjoy whatever field the parent has chosen for them. The acceptance of what is to be, built in for generations, remains even in the 20th century.

Arranged marriages still are made for most children. Although dating is now being accepted in parts of India, it is still not the norm. H. S. Ahluwalia states, "Parents can do a much better job because they can look at all: what the man makes, his education, what kind of a family he has, all those things that people dating for love can't see" (H. S. Ahluwalia, personal communication, April 14, 1987). Many Indians living in the U.S.A. still plan on arranging their children's marriage. The parents are quick to assure that the girl has the right to approve or disapprove (Hyland, 1985). How the youth deal with this after being raised in American schools with American children remains to be seen. As the two cultures continue to collide some type of family counseling may be needed; if families will accept it.

It is not only the young who are expected to conform. Manleena tells about he grandfather, a physician, who still practiced medicine at 94. His sons finally told him he had to quit because he was embarrassing them. The community felt he was being made to work when his sons should have been caring for him (M. Ahluwalia, personal communication, April 14, 1987).

Religion still plays a part in the life of Indian people. Families tend to remain in the religion of their youth, and thus do not convert to other religions easily.

Although the place of the female is changing, the daughter still brings a different set of circumstances to the father. From birth the daughter is a concern and must always be protected by her parents, her brothers, and uncles. A good husband has to be found, at which time her father-in-law has to worry about her. This status of females in Indian society is very different from having males (H. S. Ahluwalia, personal communication, April 14, 1987). H. S. Ahluwalias' niece, a very beautiful girl, was Miss India a few years ago. After her term she chose to live in a large city where she is an actress. Because she lives alone, a situation considered improper for unmarried females, her mother does not speak to her. Her living situation has caused great concern to the extended family (personal communication, April 14, 1987).

Divorce is very hard on all the family, it is considered a disgrace, so not just the couple are involved. It is to be avoided at all costs and for that reason many women live in very bad situations. In the rare case when divorce is granted, the woman finds it very difficult to marry again. Sometimes it has such an effect that the person becomes mentally ill, willing to live with almost anything rather than put up with what they consider great shame. In the cities now there are psychologists to help. If the people will go to them (M. Ahluwalia, personal communication, April 14, 1987).

Manleena and her husband are both from the state of Punjab, which they tell me is the best place in India: the richest and the prettiest. Most of the grain grown for India is grown there. They came from very 'upper class' families, they told me. Their lives have been much different than the lives of the peasants in the villages, although they were quick to assure me that the villages were in much better condition than ever before. When India began land reform, the Punjab was first to put it into law. No person could own more than 10 acres of land and they must work the land themselves. Thus the tenent system is gone for the present. Manleena did say, though, that the rest of India was not so quick with the reforms and villages in those areas remain much the same, with large landowners owning the land and peasants working the land for them (personal communication, April 14, 1987).

The place of the upper class girl in society is interesting. These girls are expected to become educated. The traditional careers, teaching, and nursing, are most common, although law was mentioned along with a few other choices. However, after graduation the girl is expected to come home, marry and become a housewife. Women are not expected to work. Their education is for the prestige of the family (M. Ahluwalia, personal communication, April 14, 1987). Families will pay for whatever advanced schooling the children want. Advanced schooling outside of India is very acceptable. The young people are not expected to work during this time but they are expected to help with the education of younger sisters and brothers.

## IMPLICATIONS

This cultural group comes from a very structured society. The family is organized along strict lines, and that organization extends itself to all parts of the society. The life of the state, village or community, the occupation of its citizens all are clearly mapped. The person raised in this society is accustomed to clear guidelines governing every part of his or her existence. These guidelines simply do not exist in a Western society such as the U.S.A. Consequently, the initial reaction to Western society must be one of confusion.

In order to begin counseling services to people of this culture, the counselor must be prepared to understand the Indians' world view.

The Western born counselor will need to be able to change mind gears in order to understand the pace and mind set of the Indian client. The Western orientation involves individualism and moving away from dependence on anyone else; the Indian client, however comes from a society dependent on past organization, a dependence not only involving individuals but whole communities. The Indian who is taught to accept things as they are and to remain passive through life might be a problem to a Western counselor taught to aggressively search for what is desired, (even if the counselor is aware of the cultural differences).

For clients raised in a situation where group thought is practiced and the welfare of the village or community is more important than one's own desires, even the one to one counseling process might be difficult. Talking exclusively of ones own feelings might well be impossible (Pederson, 1981).

A Western counselor might very easily stereotype the Asian Indian client because of the counselors knowledge and interpretation of the caste system. The client could be considered among the downtrodden who have come to America, but this is not the case for most in this culture. Of the 360,000 Indians who live in America, more than half are professionals living in 25 metropolitan areas. Even more impressive is the fact that 52% of the adults are college graduates (Robey, 1985).

Of course, that doesn't mean that Indian Americans have no problems or that they could not benefit from counseling services if they chose to accept them. Transferring skills from one culture to another is a problem, as are language difficulties and job discrimination.

Language is also a problem, although almost all educated Indians speak English. Often the Indian pattern of speech is very difficult for Americans to understand and probably accounts for some of the job discrimination. Indians living in America also say that food and weather cause them concern (Hyland, 1985).

## MEETING NEEDS

In counseling these clients it will be important to keep in mind that persons can be both American and ethnic, and that America has been and can continue to be both unified and pluralistic (Getto, 1985). Since as counselors we plan not to mold our clients into people just like us, but to assist them in realizing that the two cultures can exist together compatibly, we must recognize and attempt to understand cultural differences (Copland, 1983). These differences may include traits, attitudes and values that will be traced to ethnic and/or religious influences (Getto, 1985). Once the counselor learns to recognize these influences the helping will be of greater value to the client. How a client acts and what he thinks is not just his personality: it is also a part of his family history. As counselors keep this in mind, it should also be kept in mind that counselors also are a product of what they were! Helpers need to re-discover their own ethnicity in order to be more sensitive to others ethnicity (Getto, 1983).

This culture's shared values include the strong tie of the individual to his/her family and his/her community. Indians look at this prescriptive, dependent life not as something that is a burden to them, but more a security system in a world with no guarantees (H. S. Ahluwalia, personal communication, April 14, 1987).

Decision making for the Indian client differs greatly from that expected of an American client. The Indian client because of family ties will not make independent decisions as a young person, there may be no choice of employment for a poor or middle class citizen, whatever work is available may be the occupation for life, traditional "groupings" may limit choices, and mobility may not be possible due to geographical or other ties. With these groups, Western counselors will have to search to find if freedom for change is available (Pedersen, 1981).

In counseling those of a culture different than ours it must be remembered that the process begins as the client enters the room. If the features or the skin tone of the Indian client is the first thing noted it is very likely to be felt by the client and the session, at the very least, will be off to a poor start. Indeed it may never recover (Christianson, 1985). The client very likely is having doubts of his own as he remembers other contacts with persons of another culture, all of which may not have been ideal. The beginning will be much easier for both participants if the counselor has taken time to gain knowledge of the client's culture and has realized that the client's knowledge and culture are interrelated with his coping skills (Lee, 1984). The counselors own behavior needs to be understood, as it will effect the relationship to the client (Copeland, 1983).

The Indian client will probably view the counselor as an authority figure since the reason for seeking out a professional helper will possibly be the absence from family. The counselor will need to realize this and mold the technique to fit the client's expectations. The client may be most uncomfortable with Western expectations of individualism and self reflection and expect to have the helper include his family situation and consider his family obligations in relation to his problems. The Indian client may not wish to self disclose, nor might the insight be available or be the same as a participant from this culture might have. Teaching the client to use the information given during the sessions should be a strong goal for the counselor (Copeland, 1983).

As a cross cultural helper working with an Asian Indian client it should be remembered that differences exist, but also that similarities exist and those similarities could present a bridge both to understanding and helping. Lee (1984) rephrased Kluckholn and Murrays (1953) basic principle into "every culture is like all other cultures in some ways, like some others in other respects, finally, like no others." In considering differences it also is necessary to consider sameness.

Not only as counselors but also as citizens, white Americans have tended to consider the racially and culturally different as being also culturally lacking (Carney and Kahn, 1985). The Indian culture is ancient and civilized, any helper working with this group should learn about and with the client as the helping process is proceeding. Since the assumption is that the effectiveness of cross-cultural counseling depends both on the client's perception of the helper and the helper's perception of the client it will be necessary for the helper to be aware of the client's world view. (Christensen, 1985). The American looks at independence, seeing only casual ties with the past, while the Eastern client presents self as an unbroken tradition of order from many generations (Heisterman. 1980).

In order to effectively counsel people from this culture it will be necessary to take into consideration: 1. The strong family tie. The client will be in all likelihood uncomfortable discussing personal problems with some one outside the family group. The helper who is aware of this will be able to put the client at ease by indicating the helper's knowledge of his cultural background in this area. 2. The cultural experience of living in a prescriptive society. The client should be given the choice of changing his views to fit the more independent style of the West or combining those values of his background to assist him in living in the present situation. 3. The counselor must be willing to accept a client who is different from himself/herself and be comfortable dealing with the client, in race and in beliefs. (Sue, 1985). 4. This client's world view will be different but no less real or legitimate. 5. The counselor must determine and attempt to meet the client's expectations. 6. The counselor must above all know the values embraced by himself/herself before he begins counseling those of another culture (Sue, 1985).

## SUMMARY

Counseling, with its inherent problems of dealing with very personal parts of peoples lives, takes on an even more difficult dimension when multiple cultures are introduced. No place will it be more important to look at one's own values and ethics than in dealing with persons whose orientation to life is very different from those of the counselor. With training and proper attention to values, acceptance of other cultures as equal, and care for all to whom our services are offered we can perform as professionals who have concern for all mankind's needs.

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# Investigative Report of the Native American Culture

*Joyce Ann Piechowski*

*In counseling Native Americans the author states that one should be aware of and actualize the concept of balance and harmony. This would provide a reference point and framework for counseling. One should be aware that many Native Americans are not motivated by material possessions. The inability to define cultural values and conflicting values could be central issues in counseling. The counselor should employ a traditional healer or cultural helper when counseling Native Americans.*

## HISTORICAL OVERVIEW

Historically, the majority culture has "lumped" the Native American together both figuratively and literally. According to the Bureau of Indian Affairs, there are 478 tribes who hold similar values yet are unique in their language and in certain beliefs (Trimble, 1981, p. 206). What holds true to every Native American is the loss of land.

The United States Government created the Bureau of Indian

*Joyce Ann Piechowski is a Career Counselor for the Dislocated Worker Program at Black Hawk College, Moline, Illinois.*

Affairs in 1824. The basis for this bureau was not to serve the Indian population but to protect the economic interests of the settlers. It seems rather ironic that the people who were the original Americans were made wards of the United States Government. Missionaries also felt the need to "help" the Indians. The Catholic church provided mission churches and schools to convert and educate the natives without incorporating their language or culture. The boarding school concept was aggressively established with the rationale that taking the children out of their homes was the only effective way to prepare an Indian to become an American.

Their mental health needs were often met in a psycho-educational manner. Characters such as Nanabozho in the Ojibiwa culture and First Man and First Woman in the Navajo culture, provide guidance in living a moral and ethical life while providing a meaning between the present and the past (Beck and Walters, 1977). These lessons were passed along through storytelling and ceremonies from generation to generation.

Time orientation of the Native American reflects a cyclical rather than linear approach. The focus is internal rather than on external clocks or calendars (Attneave, 1982). This type of rhythm and cycle helps maintain a consistancy and provides boundaries in life. The past is used to gain wisdom and the future is perceived in a very practical way.

Learning the Sacred Way was traditionally the means of understanding yourself and your world and thus to live in harmony with that world. The people do this to better understand nature, order and disorder, growth and change. Through learning The Way many Native Americans would find solutions to life's problems.

Medicine men, shaman, and elders are all believed to have special powers that can cure and heal the body and spirit. Humor was often used in storytelling by the shaman or elders. Sometimes, the stories involved clowns that would act out human weakness and show how and why people behave the way they do. It would appear that this may be a form of role playing with the clowns portraying everyday situations. Humor is used as part of the balance needed in nature.

The encroachment of the dominant culture manifested itself in the land aquisitions and the B.I.A. Native Americans were often reduced to the status of children requiring permission from the B.I.A. for minor home repairs. Self-determination was squelched and submission encouraged by the dominant culture.

## CURRENT STATUS

The following quote may best summarize the current status of the Native American stated in a very traditional manner . . . that of storytelling. The quote is narrated by Bergman from a symposium of the American Psychological Association in Los Angeles, August 1981:

The Chairman of the Miccousukee Tribe of Florida, Mr. Buffalo Tiger, stood up and said, "Let me explain it this way . . . Today, Indians are like a man who got up early in the morning and looked out his door and saw something shining in the road a little way away. It was something he wanted and he walked over and picked it up and when he was done picking it up he saw something further along that he also wanted. He went and got that and it happened again and he kept walking down the road picking up things. Then, all of a sudden, he turned around and he couldn't find his way back home again" (Meketon, 1983, p. 110).

Like the man who went down the road picking up the shining objects, it appears there are many Native Americans who cannot find their way home. These people are finding themselves out of harmony and unable to get back on the path. Probably this culture's greatest resources are the people, yet they lack unity and cohesion (Pedigo, 1983). This lack of unity has many causes including geography, tribal differences, urbanization and the question of the official Indian or what percentage constitutes Native American heritage.

A local Native American defined the current stress of Native Americans as conflict over two prevailing messages given by the dominant society. These messages are: "To be white is right" and "You can never be white, but you gotta try." A Native American hearing these messages could feel conflict since these are not the expectations related to his/her culture. Giving and sharing is an extremely important value in the Native American culture. Children are taught to be giving in the native culture and instructed to be thrifty and value personal possessions when they enter the mainstream school system.

From 1973 through 1975, my husband and I worked in a school desegregation project in Onamia, Minnesota. We worked with the Mille Lacs Lake Chippewa tribe. Through those experiences, I saw the value conflicts of many Native American children and adults.

The expectations in the dominant culture classroom were often in conflict with the Native American's own expectations. The children were expected to speak-up, to make eye-contact, to readily answer questions, to value the curriculum and certainly be on time and attend regularly. The anglo expectations were often non-compatible to such Native American behaviors as delayed response or use of silence, lack of identification with a speaker, emphasis on non-verbal rather than verbal communication (Sanders, 1987).

Native American Substance Abuse is probably one of the most blatant symptoms of the cultural conflict found among the present day Native Americans. At conflict are the dominant culture values of the fastpaced society and the Native American value to maintain harmony. A Native American could use alcohol and drugs as an escape from this inner pain of conflict. The traditional value of sharing often enters into the substance abuse problem. Frequently, it is desirable to share the alcohol and refusing would indicate rejecting peers. The value of noninterference translates to denial when tribal members display dependency (Pedigo, 1983).

The federal government created The Indian Health Service in 1955 as part of the United States Public Health Service. However, response to the mental health needs of this population did not occur until 1966 (Meketon, 1983). There are several mental health programs operating under various titles and grants. A rather innovative mental health program is found on the Flathead Reservation in Montana. It is staffed with tribal employees as well as Indian Health Service people. The location is up in the mountains and traditional practices of storytelling, dancing, etc. are combined with mental health education. (Meketon, 1983).

## IMPLICATIONS

The first challenge I perceive as a cross-cultural counselor or helper, would be to apply the concept of balance and harmony to my life. Becoming more aware of and actualizing the concept of balance and harmony would be a solid reference point from which to develop a counseling framework.

The value of sharing is more respected than the accumulation of wealth in the Native American culture. Those "carrots" that the dominant society holds out to motivate people may not be of any interest to Native Americans. The inability to define cultural values and conflicting values could be central issues in many counseling situations with Native Americans.

It seems eminent that the counselor employ a traditional healer or cultural helper. This traditional healer may be able to perform ceremonies or recant stories that were essential to the client during an earlier point in their life. Having this helper would provide "cultural intuition" to the counseling setting (Vontress, 1987). Cultural intuition is described by Vontress as that body of knowledge gathered when a person is socialized in the same ethnic setting. As a member of the dominant society, the counselor may take an autoplastic approach to a presenting problem where the cultural helper, having experienced similar situations, will be better able to make recommendations and also to predict possible outcomes of the situation. Vontress also states "In fact, just having a cultural peer as a helper who understands you and believes in you is therapeutic in itself" (Vontress, 1987, p. 14).

The video, *Honour of All*, (Lucas, 1985) portrays an Indian tribe battling the negative effects of alcohol. The initial treatment is provided by a non-Indian treatment center. However, treatment was not successful until the community realized alcohol was destroying, not just the individual, but the family and the tribe. Part of the recovery process occurred when the tribe began learning the Native American Way that had been lost to many tribal members. Return of pride and self-determination were key factors in rehabilitation from alcohol abuse.

A counselor could implement the three components of functional analysis according to Higginbothan and Tanaka-Matsumi. These components are: investigate the nature of the presenting problem, examine the conditions when behavior occurs, and select techniques to bring about change that is acceptable to the client (Higginbothan and Tananka-Matsumi, 1981, p. 250). This technique would work well with the concept of self-determination as a client goal.

The raising of cultural conscience is occurring around the country. The Native American is struggling to find that road home again, to live in harmony, to find balance. In the words of an Ojibiwa person, Don Bibeau: Yet we will endure. We will endure because we are Indian. And being Indian is not simply living in forest, or mountains or plains, or skin, features, or beads, or sense of history, or language or song: it is living in peace within the great cycles of nature which the Great Spirit has bestowed upon his children, and it is living within the tribal fold. What some others may call 'community'. And it is good! It is good to live within the

Tribe here on this reservation in these lands of our fathers. And so it has been from the most ancient of times *(The Land of the Ojibiwa,* 1973).

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# Multicultural Counseling: Native Americans

*Kathleen Larkin*

*Cultural differences between a counselor and Native American client may demand adaptation of therapeutic stategies. Research suggests at least five distinct Native American values may affect the counselor-client relationship.*

To the extent that counseling demands empathy, the ability to see the world through the eyes of the client, counselors must recognize differences between their own value systems and those of their clients. In cross-cultural counseling, such differences are not simply divergent individual viewpoints, but fundamentally different belief systems. The need to understand such cultural differences is especially important when working with Native American clients, because traditional Native American beliefs may run counter to white American counseling values.

Native American heritage is rich with spiritual values, love for nature and balance among all things. According to John Castillo (1982), "Being 'Indian' involves more than belonging to an ethnic group. It is a way of life" (p. 33). For Native Americans, this way of life includes values which at times differ significantly from the culture which has dominated North America since the 1600s.

The background Native Americans bring into a counseling system is one that places life within a framework of harmony and interrelatedness of all things. Ceremonies, dance, chants, dress and surnames have always represented their spirituality. The culture of the Native American has been described as "fundamentally spiritual—his mode of life, his thought, his every act are given spiritual significance, approached and coloured with complete realization of the spirit world" (Seaton, in Castillo, 1982). Thus, for Native Americans, spiritual values cannot be isolated from other aspects of personhood. Although other values do exist, this fundamental spiritual outlook is woven deeply within their

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*Kathleen Larkin is Director of Special Services, Scott Community College, Bettendorf, Iowa.*

value system and their heritage.

Spiritual attitudes held by Native Americans seem to have influenced the development of other major values. Virtually all Native Americans have lived in close relationship with nature. This relationship is viewed by Native Americans as a dependency, and their actions reflect their consciousness of that dependency (Washburn, 1975).

The concept of harmony and interrelatedness is also evident within family and tribal systems. Native Americans have always highly valued the needs of the entire group and therefore have placed prime importance on sharing material goods. To gain the respect of others, the accent is on generosity rather than accumulated wealth for the individual (McGoldrick, 1985).

Early in life, Native Americans are taught to value sharing and spirituality. Children are taught to be cooperative and are discouraged from competition with others; to devalue competitiveness is to encourage sharing (Washburn, 1975). Child-care practices instead traditionally lean toward discipline that incorporates the entire extended family and strongly utilizes references to supernatural powers (Washburn, 1975). Ridicule and humor are employed to replace a sense of self-primacy with the primacy and needs of the group.

The belief of the relatedness of all things also involves the connection between mind and body. Native American healers have long worked with the balance between the body and soul. This holistic view of personhood has led some to speculate that Native Americans have exhibited a high degree of psychological sophistication in their acceptance of the conscious and unconscious parts of the mind (Washburn, 1975). One study of Indian culture concludes that the 17th and 18th-century Native American possessed a deeper understanding of psychodynamics than most members of the educated white culture of those times (Washburn, 1975).

A history of oppression may also have contributed to Native Americans' sense of cohesiveness. Centuries of being conquered, relocated, misled and cheated undoubtedly have influenced their outlook, adjustment and attitude toward their past and toward the dominant culture.

In ruling the "red man," white culture has not only dictated where a Native American is to live and how to live; it has also imposed standards of mental health on Indian culture, while providing inadequate services for health needs. Psychological services for the Native American have been provided infrequently, without cultural sensitivity by the dominant culture, and have been slow to improve.

In the 1800s, the War Department was primarily responsible for Native American health needs, and mental health services were governed by that system. Services delivered to Native Americans followed the same orthodox framework as those provided to non-Native Americans. Even within these approaches, the development of services for Native Americans lagged behind services for non-Native Americans (Duran, 1984). Providers of mental health services were culturally different and certainly unprepared. Therefore, before 1961, mental health services for the Native American were virtually nonexistent (Duran, 1984).

Then and now, little attention has been given to the view of Native Americans toward the mind-body relationship, and therefore a fundamental value for Native Americans has been seriously neglected. Scientific medicine has traditionally not allowed for the connection between mind and body; consequently, holistic healing has not been a focus in the limited medical services provided to Native Americans (Duran, 1984).

Current services to Native Americans seem to differ only marginally from past services. As the dominant culture becomes more sensitive to ethnic differences, services correspondingly improve. Geographic location, professional development and cultural sensitivity are primary factors influencing the level of mental health provisions to the Native American population.

Silvester Brito (1983) suggests that the primary difficulty of Indian-white relationships in the United States is the difference in values and therefore different vision of what this society should be. The "melting pot" view, dominant in the 1950s, assumed those from other cultures would assimilate white American values (Brito, 1983). The values of the Native American people, however, are strong and remain central to their culture. Clearly a more sensitive approach is cultural pluralism, which respects other values.

Although large numbers of Native Americans no longer live in tribes or on reservations, the spiritual lifestyle is maintained within urban settings. Spirituality remains central. According to Castillo (1982), "To be Indian is to recognize one's spiritual self. Recognition of other people as Indian involves recognition of their spirituality" (p. 21).

The essential meaning of life for Native Americans is embodied in their spiritual attitudes and their holistic view of all areas of their lives. Evon Vogt (1967) found in a study of five cultures that for a Native American a religious view is "widely diffused." Their ultimate meaning is to achieve a harmony among all the different powers they perceive. Many Native Americans believe that all phenomena can be explained through powers of spirits and mythical beings and that disharmony results when norms/behaviors are infringed. Vogt (1967) emphasizes harmony as a central value of Native Americans.

The centrality of harmony appears to be a catalyst for the evolution of other values characterizing the Native American population. Within the literature, consistent mention is made of noncompetitiveness as an Indian Value. Mezzich and Berganza (1984) refer to the tendency of an Indian to withdraw when confronted with conflict. This noncompetitiveness seems directly related to the basic value of sharing money, property and material goods. An Indian reputation, in part, is based on what has been given, and accumulation of material goods is seen as improper when others are in need (Mezzich & Berganza, 1984).

M.J. Manydeeds, a multi-cultural counselor at the University of Colorado, further emphasizes sharing as one of four primary values of Native Americans (personal communication, April 16, 1987). She explains that resources are to be shared, and that often her Native American students will send money home rather than meet their own college expenses.

The centrality of spirituality also influences the concept of time. Native American orientation is primarily to the present. Castillo (1982) describes the Indian view of time as ever-present and unbroken. This frame of reference appears to achieve stability and harmony in the present, rather than fragmenting time into past, present and future. Manydeeds (1987) quotes simply, "Time is always with us." This focus on the here and now may also be an outgrowth of historical struggle. A focus on the present may be an adaptation to an atmosphere of hostility and neglect, a survival skill within a dominant culture.

Family and tribal loyalty are also significant values to Native Americans. Manydeeds (1987) describes hierarchical descriptors of the Native American, beginning with tribal identity and a loyalty to the family. Indian authority patterns stem from this orientation (DuBray, 1985). Related to these loyalties is the value placed on the collateral; the welfare of the group is the primary focus within Native American culture (Dubray, 1985).

Native American contains other values related to loyalty and sharing. Manydeeds (1987) lists respect as another primary value within her culture. Respect is not limited to family or tribal systems, although elders are valued highly. Authority figures, experts and "those with knowledge" are all respected by Native Americans (Manydeeds, April 1987). Nonverbal cues convey this respect: minimal eye contact, a quiet voice, a soft handshake and physical distance (Manydeeds, 1987).

Limited self-expression of feelings and a high regard for privacy are further manifestations of the overall value of balance among things. Because self is often not the primary focus, nonverbalness is a strong characteristic among Indian people. Feelings can be considered insignificant when balanced within a holistic outlook.

These values have been maintained by Native Americans, who have generally resisted assimilation into the white American world. Tribal and community organizations are maintained, and only those new values deemed useful are added to the body of traditional Native American values. This selective assimilation has maintained the basic cultural value system for Native Americans in today's world (Dubray, 1985).

Consequently, the Native American population seeks to offer support within its own culture when possible. Manydeeds (1987) lists the hierarchy of support to be (a) family, (b) extended family, (c) elders, (d) respected Indians, (e) mental health centers, and (f) non-Indians. However, approximately thirty-five percent of Native Americans now live in cities, cut off from tribal support and distant from their culture. The urban Native American is deprived of the primary sources of support available on the reservation (Duran, 1984).

Because of this, the urban American is more likely to use community services. Duran (1984) concludes that urban Navajos are eight times more likely to use community mental-health services than Navajos not separated from their culture. The challenge facing urban communities, then, is to respond with cultural sensitivity to a person who seek services for a variety of problems.

One such problem, alcohol abuse, is a growing concern within the Native American culture, and Native Americans in cities are seeking treatment from traditional community resources. Other community mental health services also being sought by Native American clients for family concerns, depression and concerns related to ethnic adjustment and isolation.

As counselor education in multi-cultural issues increases, services have been expanded to meet some ethnic needs. At the University of Colorado, for example, Manydeeds is a multicultural counselor working with Native American students. In addition, the counseling center has twenty additional multicultural counselors to serve a variety of ethnic populations. As our profession encompasses ethnic concerns, services will correspondingly improve.

Within the counseling relationship, the Native American presents several major challenges for the non-Native American therapist. Value differences can influence both the understanding and the framing of a problem, while techniques and approaches to solutions may also vary significantly from unicultural counseling situations. Some of the challenges include:

### Nonverbalness

The nonverbalness of the Native American can be particularly challenging within a relationship that relies heavily on the spoken word. Native Americans are private, and patience is valued within their culture. Patience is third among the four primary values described by Manydeeds (1987). The Native American response to the uncertainty of a new situation or to ambiguity is likely to be silence (Washburn, 1985). To view this silence in the traditional way, as resistance, is to assess inaccurate meaning to a fundamental characteristic. Counselors who rely basically on the verbal expression and affective content of the client, as most do, must alter their approach to allow for the nonverbalness of this culture. In our profession, we value the personal expression of feeling and automatically lean toward facilitating that process for clients. To attempt to build a counseling relationship with the Native American client based on that value would be to create a short-lived, nontherapeutic exchange.

### Relational Orientation

Native Americans view tribal and family identity as primary. This orientation toward the collateral is the fourth value described by Manydeeds (1987) as central to the Native American value system. Directly linked to this relational orientation is the concept of sharing; therefore the needs of the client may not be the central focus of a Native American in conceptualizing a particular difficulty. The solutions to a specific problem are also affected significantly by the group orientation. Within a culture and a profession that views self-importance as primary, white American counselors who lack cultural sensitivity may hinder both the conceptualization of the real issue and subsequent steps in resolving a difficulty.

### Time Orientation

Native Americans are oriented to present time. This orientation influences Native American perceptions and behaviors in a variety of ways. Deferred goals and gratification may not be valued (Mezzich & Berganza, 1984). Planning for the future is also not a priority (Pedersen, 1981). Again, these differences run counter to the values of planning, goal-setting, saving and deferred gratification often emphasized by counselors. Counseling Native Americans from a future perspective may confuse and stifle a helping relationship.

### Noncompetitiveness/Cooperation

This Native American value runs counter to the principles of capitalism and the American style of life (Mezzich & Berganza, 1984). Native Americans are taught to cooperate, to share and to give respect to others. This frame of reference certainly is in opposition to competition and individual achievement. The idea of self within this orientation is secondary to the needs of others and to the value placed on group benefit. Traditional counseling concepts of self-power and self-responsibility as paths to self-actualization may not serve the Native American client well. The perspective that to be generous, one must first develop oneself is subtly but significantly different from the perspective that the Native American may improve self-concept through relation to others.

### Holistic Life View

The totality of all creation is fundamental to the values of Native Americans, who view the interrelatedness of everything in the universe as ultimate. Nothing is outside of time and unity, and by its relative nature, nothing is absolute (Vogt, 1967). This holistic view influences Native American perceptions, behaviors and values and is fundamental to all other beliefs. Along with relational orientation, this holistic view conflicts with self-importance, which would create disharmony.

Key to the counseling of Native Americans is the creation of an atmosphere which allows for the expression of personal perceptions. Because the Indian culture's basic values differ significantly from dominant American values, the creation of a helping attitude involves several components.

Central to the helping process is the counselor's education in Native American heritage and tribal identity. Manydeeds (1987) explains that Indian perceptions and behaviors fall along a continuum and that central to the helping process is recognition of diverse characteristics among tribes, within families and between individuals. To approach all Native Americans in a framework of ethnic sameness would not differ from failing to recognize ethnic difference altogether. The idea of knowing one's client is particularly appropriate for those of other cultures.

An examination of heritage and culture necessarily includes recognition of value differences. Runion (1984) concludes that set procedures cannot be prescribed, that an evaluation of the individual and the situation must precede any determination of action. Manydeeds (1987) further emphasizes the importance of this recognition process. Although specific attention to primary values is essential, the general attitude of recognizing differences is critical to building a helping relationship. Tacit in this recognition is the understanding that the dominant culture's definitions of mental health do not apply to everyone. Recognition of differing personal values is also crucial; it is not difficult to recognize the potential conflict between self-importance and cooperation, if the importance of self remains an unspoken value of the therapist. The achievement of empathy is impossible without recognizing and setting aside one's personal values.

There exist no specific techniques for working with Native Americans; no one particular approach seems suited to any population. However, the literature does suggest specific attitudes which are critical to Native American interventions. Runion (1984) encourages counselors to acknowledge basic values and attributes common to this culture, such as mutual respect, group responsibility, encouragement and self-descipline. This phenomenological, Adlerian approach has been incorporated into teaching Native Americans to work with their own people. The four basic values of respect, family, sharing and patience identified by Manydeeds (1987) are also primary considerations, basic to therapeutic interaction. These fundamental Native American values call for working the family or group system when possible.

A systems approach may best serve values of cooperation, group good and tribal identity.

Familiarity with the heritage and value system of Native Americans is only the initial task facing a multi-cultural counselor. Only in performing the initial task, however, can a counselor begin the primary task: creating a therapeutic exchange with the client.

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# The Eskimo

*Barbara Davidson*

*Prefaced by an historical overview of the values and assumptions of the Eskimos, this paper examines their current values and assumptions, and the implications for counselors. Following the application of the theoretical approach of Sue and Kleinman, practical techniques are suggested.*

## HISTORICAL OVERVIEW

### Historical Background

Generally speaking, the Eskimo culture is based upon successful survival in an exceedingly hostile environment. Survival was accomplished through seasonal nomadism, collaterality (i.e. remaining together, sharing equally, side by side with none supraordinate to the others), sacrifice of the individual to the group, and respect for nature. All natural resources were considered to be freely available to anyone who needed them and none should be excluded, so that everything was shared for the survival of all. Sexual freedom was customary, with children engaging in sexual activity as early as 10 years old (Balika, 1970).

*Barbara Davidson is a part-time therapist with Catholic Social Service, Galesburg, Illinois.*

Traditionally, Eskimos believed that the universe, including their camps, was inhabited by supernatural beings such as human souls, amulet spirits which protected them, and animal souls. They believed that native healers could harness these spirits for personal protection. A person's soul was the source of health and energy, and was vulnerable to attack by evil spirits and malevolent healers. All physical illness came from evil spirits hurting the human soul by moving into the person's body (Balika, 1970).

There was a prevalent belief in a Supreme Being with a daughter who had created all living things. For some, the Supreme Being was a woman, for others, there was a triple deity. There was a multitude of myths surrounding their gods which was passed from generation to generation. They believed in a happy afterlife for those who lived with kindness and happiness and an unhappy afterlife for those who did not. There were many rules and customs for working, eating, and hunting as well as for the behavior of women during menstruation, childbirth, sickness, and death. Death was believed to come from the female deity (Boas, 1964). Peoples' behavior was controlled through gossip, mockery, derision, and fear of sorcery (Baliska, 1970).

### Health/Helping Services

Prior to the coming of Christian missionaries, the Eskimos' health needs were met by native healers, referred to by anthropologists as "shamans" (Dinges, 1981). The shaman's primary job was to discover the reason for sickness, death, or misfortune. He asked a few questions, which the Eskimo felt obliged to answer with complete truthfulness. The shaman then issued commands for atonement (Boas, 1964).

## CURRENT STATUS

### Values and Assumptions

The Eskimo sense of time does not revolve around clock or calendar time, but seasonal time. Natural signs indicate when something should be done and Eskimos feel natural rhythms of their history of seasonal activities required for their survival (Meyer, 1977). Living primarily in the present, Eskimos have little sense of future except for stocking food for the winter. They lead a day-to-day existence at a relaxed pace with nothing saved for future necessity and no goal orientation (Lola and Dale Hostetler, personal communication, April 12, 1987).

Eskimos still value collaterality and this value continues to bind them together, sometimes to their detriment. They see humans as mostly good, but evil does exist and can manifest itself in human form (Attneave, 1982). They are reluctant to accept responsibility for their own actions. Believing they cannot keep themselves safe, their safety is ensured by remaining in a controlled family or village environment with their own people (Lola and Dale Hostetler, personal communication, April 12, 1987).

Christianity has been accepted by the Eskimo, but shamanism and animism (i.e. the belief that natural phenomena and objects have spirits) still exist (Attneave, 1982; Meyer, 1977). The old people guiltily hold fast to these beliefs, thinking that unpleasant happenings are punishment from the Supreme Being for specific transgressions by them. Young people do not profess belief in the old religious ideas, but do not refute them either (Meyer, 1977).

Eskimos live in the present as part of a whole cycle. Being today is the foundation of tomorrow, so a person is always becoming. Doing just to be busy is unacceptable, as is doing for personal goals not shared by the group. And doing for self-expression is considered selfishly indulgent. Self-development is dynamic and never fully achieved as a goal; nor can it be hurried. As one is, one becomes. To this end, parents allow their children much freedom so that the inner self can be freed and the child can become what she or he is destined to be. This motive results in the absence of discipline and punishment, with teaching being done mostly through natural consequences (Attneave, 1982).

Reason is a central value to the Eskimo and defines adultness. Equanimity in trying circumstances is the essential sign of maturity. Loss of reason through any form of mental illness is feared because it is thought to be caused by evil spirits. An unusually expressive person who easily reveals his or her feelings is also very suspect and feared. Emotional restraint at all times is highly prized from childhood on. Happiness is a moral good because when people are smiling, joking, telling stories and being sociable, they are assumed to not be angry and are, therefore, not feared. Laughter comes easily but temperedly and is used not only as a reaction to humor, but also to displace undesirable emotions like fear and hostility, and to discipline children with ridicule (Briggs, 1970).

Eskimos' behavior is generally quiet and non-aggressive, even lacking self-assertiveness. There is an apparent desire to blend into the social background, to avoid calling attention to themselves and exposing themselves in any way (Briggs, 1970). Some, however, are very quick to argue and fight, especially over women, and harbor concealed jealousies which are manifested in secretly performed sorcery (Balika, 1970).

Kinship is highly valued and family ties are very strong. The Eskimos' social order is based on the family, with distinct roles for men and women (Boas, 1964). Families are clearly dominated and controlled by the men. Girls and women always acquiesce and defer to the boys and men, and boys and men always go first with girls and women behind (Lola and Dale Hostetler, personal communication, April 12, 1987). Men are considered naturally superior to women who may have some influence but no official voice. Women are expected to obey their husbands and not to enter into decision-making even to protect themselves or their children, or to take action when threatened by their husbands' fighting, drinking, destruction, or abuse. Men will not use women's things or do women's work because it is unlucky and unmasculine. Women are not permitted to leave their traditional role, are prohibited from doing men's work, and are not encouraged to have careers or to seek education, while boys and men are so encouraged (Meyer, 1977).

Sharing remains a strong value, putting the Eskimo in conflict with the concept of private property which is part of the Anglo-Saxon culture which dominates them. There is frequent "borrowing" from wood piles and fuel tanks because resources are believed to be for the use of all who have need. For the most part, sharing is now done as a ritual on holidays (Lola and Dale Hostetler, personal communication, April 12, 1987). It also takes the form of social gatherings such as potluck dinners or parties to celebrate successful hunting. Eskimos are expected to give these parties to share the bounty and to give gifts to the guests, even though they may be unable to financially afford it: otherwise they risk gossip and the reputation of being stingy (Meyer, 1970).

Non-competitiveness is a natural result of sharing and collaterality and is displayed pervasively by the Eskimo. School children will not compete to give answers, even in games, working co-operatively instead so that everyone wins in some way (Lola and Dale Hostetler, personal communication, April 12, 1987).

Food gathering and the ability to provide food are highly valued by the Eskimo. Any successful animal hunt or food gathering forage is cause for celebration, including the finding of bird's eggs by the girls (Meyer, 1970). Hunting and fishing are considered more important than academic education and are the preferred activities (Lola and Dale Hostetler, personal communication, April 12, 1987).

The Eskimos' respect for the natural world and all living things cause the custom of non-interference, even with his or her own children. The respect for personal autonomy and internal control prevents direct confrontation, reducing it to the mere insurance that the person is aware of the consequences of his or her behavior. The forces within the person are expected to operate so that the choice to control or not to control is never pre-empted by anyone else (Attneave, 1982). Respect also leads to highly valued protectiveness which is considered an important measure of goodness and is to be universally extended to everyone, taking the form of helpfulness, generosity, and even-temperedness (Briggs, 1970).

Eskimos value and protect internal privacy, considering questions rude and foolish. They will share thoughts and feelings when they want to without being asked, but they do not like prying (Briggs, 1970).

Leadership is provided by the elders who are highly respected, believed, and followed without question. Decisions are reached collaterally through consensus gained by compromise after lengthy deliberation rather than by majority rule. This is the preferred way, but an authoritative leader may be followed if necessary (Meyer, 1977; Attneave, 1982). The council of elders completely controls the religious and social life of a village (Lola and Dale Hostetler, personal communication, April 12, 1987).

## Current Services

Each tribe or band has a tradition of leaders, usually elders, who have been ascribed a role of advising, healing, and counseling. They are very sophisticated in their knowledge and may remain underground because of persecution and prejudice by the dominant society. Establishing a peer or consultant relationship with them is difficult but is extremely helpful to understanding clients and gaining their confidence in order to work successfully with them. Alcohol abuse counseling, for example, has almost always been successful when the native healers were enabled to be influential and when the client's ways of thinking and behaving were integrated "with behavioral, chemical, and other forms of treatment" (Attneave, 1982).

Federal law mandates health and education services for Eskimos in Alaska, and mental health is included. Some efforts at collaboration with native healers in a two-way referral system have been successful, yet most attempts have been unsuccessful (Dinges, 1981). If their aid can be enlisted, native healers are helpful in breaking taboos which govern Eskimo lives (Attneave, 1982). To the outsider, Eskimos may not evidence their acceptance of need for help or even seem to have help available to them. School counselors are used primarily for vocational guidance, and problem children are flown out of town to centralized social services and then returned with no perceptible behavioral change (Lola and Dale Hostetler, personal communication, April 12, 1987).

## IMPLICATIONS

### Challenges Caused by Eskimo Values

The source of problems for the Eskimo is caused by direct conflict of values as much as by their different ordering of priorities. Every culture contains all the possible values. The contrasts are not between opposites but between preferences and priorities. Tension arises over rank order, not complete negation of the alternatives, in almost every instance (Attneave, 1982).

For example, in the case of the relationship of humans to nature or the environment, the U.S. middle class prefers to control the environment: if that is not possible it considers itself subject to it, and only lastly would choose to live in harmony with it. Eskimos would prefer to live in harmony with the environment: if that is not possible they would consider themselves subject to it, and only lastly would they choose to control it (Attneave, 1982).

The implication here is that a counselor is not so much helping Eskimos to completely change their thinking as to pragmatically rearrange their priorities in certain situations in order to function as fully as possible as members of their culture within a larger society.

With the coming of the Anglo-Saxons, Eskimos adopted the white viewpoint that anything Anglo was better than anything Eskimo. Priests, clergy, and educators convinced them that only the Anglo way was right, and contemporary, enlightened clergy and educators have had a difficult time convincing the Eskimos that their culture has value. Since the 1970's Eskimos have been protesting that whites control their lives, that they want the right to choose what to accept and reject of the dominant culture. Bilingual education and cultural heritage classes have been introduced in which Eskimos are taught about reclaiming their land, native and political organizations working to benefit them, how they can keep on living their culture and still benefit from the white culture, and about standing up for their own interests instead of always acquiescing as their cultural tradition (Meyer, 1977). The implication here is that the counselor can function as an agent for social as well as personal change, empowering Eskimos to a synergetic articulation and awareness of both cultures, appreciating themselves, their group and other minority groups, and selectively appreciating the dominant culture (Atkinson, 1979). The necessity for this kind of effort seems evident in view of the Hostetlers' experience. Eskimo elders feel threatened by and are resistant to white culture, trying to remain immersed in their own culture, while the young people seem to be conforming to white culture to such an extent that they dislike and avoid taking a class in their native language (Lola and Dale Hostetler, personal communication, April 12, 1987).

Any client's position on the continuum between conformity-to-the-dominant-culture and synergistic-articulation-and-awareness will also influence how a counselor may be received by that person. The conforming client may prefer a white counselor, the synergistic client may have an ideological preference rather than a cultural one, and those clients in between may prefer an Eskimo counselor.

The Eskimo's fear of strangers and their exploitation by whites causes a basic distrust that carries serious implications for the counselor. Their distrust evolved for survival and is contrary to their concepts of sharing, giving, and respecting, which in itself can cause inner confusion. The challenge is to overcome their distrust in order to get in touch with their giving, sharing, and respecting. Distrust can manifest itself in silence and seeming withdrawal or through overt or covert hostility. Because they value non-interference, Eskimos may object to being given advice, so it is preferable to give advice only when requested, and then sparingly.

The Eskimos' sense of time may cause tardiness in meeting appointments and a slow, gradual approach to self-disclosure which is also delayed by the impropriety of asking them questions. When the time is right according to their internal feeling, they will share their thoughts and feelings, moving at their own speed. Until they choose to disclose, the use of well-developed observation skills can reduce dependence on spoken cues. Because of their basic distrust, it is important for counselors to be natural, real, consistent, admitting their ignorance and then being willing to learn from the client. It is also important to not expect clients to forsake any of their values (Lockart, 1981).

Distrust can also induce very careful speech by the client who has been taught since childhood to very carefully consider their words before speaking, especially in dangerous situations. Since an Eskimo is likely to feel threatened in a counseling situation, minimal speech could be expected (Scollon, 1981).

The Eskimos' value of blending into the social background prevents their bragging about themselves (Scollon, 1981). This could hamper a counselor's attempt to have a client focus on his or her positive attributes in order to build self-concept and self-appreciation.

Eskimos highly value kinship and the family, yet live in disintegrated families because of the impact of the dominant culture. Men may feel powerless. Women, already traditionally devalued, are used and left by their men. These women are left depressed and self-denigrating, powerless to manage the children. Especially troublesome are their sons, who are traditionally granted complete freedom and autonomy, and taught by natural consequences. The problem here is that consequences in the dominant society are not always immediate, yet are often far-reaching (Attneave, 1982). The challenge is for family therapy to empower the mother and evoke self-discipline from the children, to help the family toward cohesion and unity.

Collaterality causes leveling and inhibiting influences. Eskimos hold each other back for fear of contamination. Those with experience and/or education in the dominant culture are not validated or encouraged. These individuals then develop a sense of unworthiness and frustration because they are prevented from implementing their ideas for the good of their people. This causes problems for them with self-defeating behaviors and a sense of personal impotence (Attneave, 1982).

Despite valuing the white culture and devaluing their own, the Eskimos' cultural heritage still persists, causing serious internal conflict. The Eskimos compare themselves to the white culture and the result is a negative self-image. Drinking helps them forget their feelings of worthlessness and increasing dependence on someone else's culture. The feelings of anger and hostility which have been controlled, suppressed, and hidden since childhood erupt when Eskimos drink. Alcoholism has resulted from common, destructive drinking patterns, and is a grave problem, leading to wife battering, adultery, and child abuse (Meyer, 1977). These results in themselves are contradictory to the Eskimos inherited values, therefore causing even more distress and inner turmoil, constituting a downward spiral. A pressing need for substance abuse counseling is apparent.

Shamanism, Christianity, and animism will all have to be assessed and taken into consideration when counseling Eskimos. The logic and wisdom of attempting to enlist the aid of a native healer is evident because the above spiritual beliefs may influence the client.

The concept of dynamic self-development may be helpful to a counselor. Eskimos could be encouraged to make specific adjustments that would enable them to more fully function in the dominant society. The negative view toward doing for the sake of self-expression could be problematical for the client and the counselor if the presenting problem involves frustration from being denied an urgent personal need of it, such as with creatively talented persons.

Forced joviality and long-suppressed feelings would challenge a counselor's ability to induce clients to become aware of their feelings. Once aware, the strength of those feelings could be overwhelming. There is also much challenge inherent in the fear of revealing themselves and wanting to blend into the background. Lacking self-assertiveness, many Eskimos, especially women, would be difficult to draw out into a position of recognizing their human rights and then taking action to defend or gain them. The consciousness-raising of women would be an especial challenge given the dominated role of complete subjugation and obedience in which they have been existing. Nevertheless, there seems to be an ardent need in this area since so many women are being left with the responsibilities that have been traditionally fulfilled by men.

## Theoretical Approach

The advice of Derald W. Sue (1985) interwoven with Arthur

Kleinman's model (1985) may be a helpful path to follow for counseling clients from other cultures.

- Know yourself; be wary of cultural blind spot syndrome which assumes understanding because of shared ethnic background; be aware of your emotional reactions to clients, recognizing your feelings, labeling them, and discovering their source.
- Be aware of socio-political effects on minorities, how their lives are influenced by prejudice and inequality.
- Attempt to understand the clients' worldview at the individual, group and panhuman levels; determine the extent of ideological or behavioral ethnicity, the extent to which clients live their ethnic heritage; attempt to ensure precise communication with clients through gentle questioning and translators, when necessary.
- Attempt to use techniques that fit a client's culture and life experience; fully investigate the client's problem and its meaning to the client; avoid cultural clashes by maintaining an attitude of caring concern and investigating the client's expression of illness, treatment expectations, and alternative healing methods.

In determining a client's worldview, Derald W. Sue's Locus-of-Control/Locus-of-Responsibility model (1978, 1981) would be useful. Using his definitions and explanations, it appears that Eskimos have traditionally felt that their locus-of-control and locus-of-responsibility have been external (EC-ER) except for their emotions which they take responsibility for controlling. For the most part, though, they have felt that consequences do not come entirely from their own actions, but result from luck, fate, chance, or powerful others. Within the context of a traditional, loving, supportive family, this is a positive concept imbued with cultural values. Within the context of an unjust, unequal society, this is a negative concept destructive of cultural values. Except for emotional control, they consider their environment responsible for their success or failure. With external loci of control and responsibility (EC-ER), the traditional Eskimos blame the system for misfortunes and feel impotent in the face of overwhelming odds, so become placaters or just give up. They lack understanding of the socio-political forces behind their problems, so they need consciousness-raising, coping strategies, success experiences, and validation of who and what they are (Sue, 1978, 1981). And some definitely do feel powerless (Forbes, 1975).

As Eskimos come to believe in the superiority of the dominant culture they might develop an internal locus-of-responsibility (EC-IR), accepting white definitions and values and blaming themselves for their plight, ashamed of their own race and culture. These clients may prefer an Anglo counselor and may be threatened by focusing on feelings because they fear the revelation of their self-hate and the inescapability of their racial and cultural heritage. They need to understand the political forces behind their problems and also to discriminate between acculturation and rejection of one's own cultural values (Sue, 1978, 1981).

The EC-IR worldview of Eskimos seems to be changing for some because of the educative process taking place via teachers and clergy helping them to become aware of the socio-political forces behind their situation and what forces they can use to change it (Meyer, 1977). Self-hate and marginality are being displaced by ethnic pride and Eskimos are beginning to believe in their ability to succeed if given a chance. An internal locus-of-control/external locus-of-responsibility (IC-ER) worldview is developing and they are stressing consciousness and pride in their cultural and racial heritage, seeking cultural solidarity and social action to remove political and social forces that prevent their having opportunities to use their skills and achieve their cultural goals (Sue, 1978, 1981). This turn-around is evidenced by an educational plan prescribed and well-argued by Canadian Indians to attempt to adjust the education of their children to honor and include their cultural heritage, especially their basic values (Manuel, 1976).

The IC-ER clients will view counseling as an oppressive act, an attempt to change them into whites. As a result, they will be difficult for counselors, questioning their credibility and competence. With their external orientation, they may want a counselor to help with practical aspects outside the counseling session, such as completing forms or setting up job interviews. They may be highly receptive to action-oriented counseling techniques.

In addition to determining the client's worldview, reaching an empathic understanding of that view would increase counselor effectiveness. Counselors would gain understanding by using their own feelings to try to sense clients' feelings as they feel them, experiencing their problems as they view them, being in their skin via imagination, trying to understand their perceptions of others and their muscular tensions. While doing this, counselors' effectiveness is heightened when they simultaneously maintain their own identities. Effectiveness is increased when counselors discover and understand clients' culture in depth; their thinking, emotions, values, motivations, roles, and interpretations of happenings in their lives (Stewart, 1982). Further effectiveness is gained when counselors understand what determines acceptable behavior in clients; cultural milieu (Jilek-Aall, 1976).

How a problem is defined will determine how it is to be remedied. Problem definition delineates the strategy for change, the choice of delivery system for social action, and the evaluation criteria. Assumptions regarding causes of problems and where those causes lie from the bases of problem definitions. If the cause is defined in person-centered terms, it is logical to initiate person-change techniques. If the cause is defined as part of a situation, then system-change techniques are in order. As a person-centered view, the IC-IR worldview would benefit from person-centered techniques, and conversely, the system-centered worldview of EC-ER would benefit from system-change techniques. The worldview of the client could be determined for any particular problem, thereby indicating the problem definition and logical change strategy, delivery system and evaluation criteria.

## Practical Approaches

Attneave (1982) offers the following advice for initial contact with Eskimo clients.

- Be yourself, true to your own convictions.
- Clients will tend to use one or two sessions to feel out the counselor with social amenities and very little discourse.
- Involve each member of the family in family therapy.
- Clients will expect the counselor to be dominant and active, and themselves to be subordinate, showing respect with quiet attentiveness.
- Open-ended questions may help the counselor and clients get to know each other.

When Eskimos seek help they are trying to regain their harmonious relationships with the world and universe. They are troubled by not knowing how and where they have gone astray from their proper relationships, losing their place and function. They expect a counselor to know the real-life relationship and help clients find their way to them. They are looking for a counselor who has the ability to search out a problem and solve it in conjunction with them. Since they live in the present, their problems are concrete and immediate. Therefore, concrete and immediate solutions are desired (Attneave, 1982).

Attention is most beneficially focused on the relationships of people with their environment. Certain role behaviors fit clients expectations because of their socio-cultural environment. These expectations are based on the definition of normalcy which is accepted by their particular culture. Teaching those role behaviors and teaching them according to clients' learning styles is advisable (Higginbotham & Tanaka-Matsumi, 1982).

Eskimos traditionally learn through an expert who does the talking and demonstrates while the student listens, watches, and mimics. The student then applies the skills and concepts in private practice, performing in public or for the teacher only after mastery (Attneave, 1985; Scollon, 1981). This has definite implications for counseling. The Eskimos' style of learning coupled with worldview indicates potential success with behavioral modification techniques. The following steps are suggested for incorporating such techniques.

- Gain in-depth knowledge of the client's culture.
- Investigate in depth the client's problem.
- Explore situations where the problem behaviors originated and identify the reinforcers.
- Define the behaviors to be changed.
- Select change techniques which are acceptable to the client.
- Make a contract with the client, gaining informed consent from the client and/or their significant others (Higginbotham & Tanaka-Matsumi, 1982).

Storytelling is very popular with Eskimos who until recently had only an oral language. Storytelling was used to pass on Eskimo legends and culture (Meyer, 1977) and they have many legends (Boas, 1964). This storytelling tradition lends itself to the use of myths and legends with which an Eskimo client may relate in order to promote disclosure. This approach has been used successfully with Canadian Indians (Jilek-Aall, 1976).

Culturally sensitive training is also a viable approach for teaching Eskimos specific behaviors desirable for functioning in white society without threatening their culture or identity. This kind of program has been used successfully in Canada and elsewhere, incorporating the imput of those natives to whom it was addressed in order to ensure that only behaviors were modified and not their culture (Batdorf, 1980).

Though this paper discusses the cultural knowledge of Eskimos and their counseling needs, a similar approach is usable with any client, assisting a counselor to be equally sensitive to each of them. With each client being like all others, like some others, and yet uniquely individual, each would benefit from a careful, thorough approach.

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## Excellence in Supervision—Preparation for Counseling Excellence

**Contents:**

- **Approaches to Supervision: Expectations for Master's Students' Skill Development and Criteria for Evaluation**
- **Students' Perception of What is Helpful Supervision in Counseling Practicum**
- **The Use of Teams in Training Family Therapists**

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*SPECIAL ISSUE*

# Excellence in Supervision— Preparation for Counseling Excellence

Guest Editors: Robert J. Nejedlo and Jeffrey K. Edwards

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# Excellence in Supervision—Preparation for Counseling Excellence: About This Issue

*Jeffrey K. Edwards, M.S.*
*and*
*Robert J. Nejedlo, Ph.D.*

This special edition on Excellence in Supervision—Preparation for Excellence in Counseling is timely for several reasons. First, the Association for Counselor Education and Supervision's (ACES) national conference in St. Louis, a premier event held October 7-10, 1988, will be "Charting the Future" as the conference title implies. Supervisor credentialing will be a major issue for the interdivisional task force charged with that duty. L. DiAnne Borders, a major contributor to the task force, addresses this issue in her article, that appropriately enough, ends this special edition issue. Second, the American Association for Counseling and Development's (AACD) 1989 national convention, to be held in Boston, is a future-oriented convention entitled "Transformation of the Profession: From Lanterns to Lasers and Beyond." Several of the articles included in this issue present cutting-edge material; controversial perhaps, because old ideas have a way of cloaking us in comfort while the new ideas always seem so radical. Nevertheless, they are relevant.

As the field of counseling continues to grow and mature, we will need to decide when lanterns are appropriate, when lasers produce quicker, more economical results, and when we need to go beyond the technological and focus on what is the next appropriate wave. Supervisors will be on the front line teaching and helping counselors make those decisions.

What you will notice about this issue is that there are both graduate student and counselor educator written articles. A blend of theory and practice is woven throughout providing excellence from both positions.

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*Jeff Edwards is a doctoral student in Counselor Education, Department of Educational Psychology, Counseling and Special Education, Northern Illinois University.*

*Robert (Bob) Nejedlo is Professor of Counseling, Department of Educational Psychology, Counseling and Special Education, Northern Illinois University, and 1988-89 President of the American Association for Counseling and Development.*

Marilyn Penland's research suggests that students' major needs are for feedback on strengths and weaknesses as well as detailed discussions of techniques and strategies.

Coming from a very different position, one that has shown success and promise, Tony Heath discusses the team concept with a live supervision format that helps to forge the new family therapists being trained in an AAMFT approved training program. Incidentally, as Borders points out, AAMFT has had the approved supervisor designation since 1974. The AAMFT model has served as one of the models for ACES. Complementing that article, Powers and Reinke tell us that the team concept, along with some positive supervisory experiences, have helped to shape their future.

Edwards describes his training as a supervisor and presents the importance of professional identity that is enhanced when trainers use positives.

The other three articles are "nuts and bolts" issues. Two nationally known professionals in this field discuss the importance of technique from both the master's level practitioner preparation (Nejedlo), and from the doctoral level (Dye). This is concluded by Borders' discussion of what is necessary for counselor supervisor credentialing.

The focus and implication of this issue is on excellence. Webster defines excellence as "superiority, surpassing goodness, and having particular virtue." Liddle (1988) stated "Effective supervision prepared trainees for their career and, further, upgrades the profession and advances the field. It can help therapists to launch their professional lives toward the highest possible trajectory of confidence, given their maturity, training, and experience" (Liddle, 1988, p. 153). What we are aiming for, then, is a description of what produces those qualities in both counseling and supervision that comes close to advancing the profession toward virtue and superior service. Virtue is an end in itself. What is more noble than striving for excellence in knowledge? And how is it that this "excellence in knowledge" is passed along to the next generation of counselors?

Liddle (1988) has observed that "Supervisors are not passive observers of pattern replication, but intervenors and intentional shapers of the misdirected sequences they perceive, participate in, and co-create" (Liddle, 1988, p. 155). The idea that supervisors are intentional shapers, not passive observers translates to us as being involved in the process of change, not as one who knows the methods that will facilitate the client's desired goal.

An interesting pattern of inter-relationships emerged as we worked with the content in this special issue on supervision and excellence. Howard Liddle, who is quoted above from his recently completed book on supervision of marriage and family therapy, is a graduate of Northern Illinois University's program in Counselor Education. Dr. Liddle was a professor of Dr. Tony Heath's while they both were at Temple University. Interesting coincidence? Dr. Allen Dye was a professor of Dr. Heath's at Purdue. Dr. Borders was a graduate student at the University of Florida while Dr. Nejedlo was taking a sabbatical there. The three articles written by graduate students extend the pattern of inter-relationships and the intentional co-creation.

The passing on of excellence is most evident and significant where there is a direct and intentional co-creation. It happens where two people collaborate in a significant professional relationship in order to advance meaning and knowledge in a new way. Whether it be from supervisor to counselor, or from counselor educator to graduate student, or just from one human being to another, the passing of knowledge that "fits" and is helpful to the recipient necessitates involvement and a commitment to excellence on both parts. This process advances the virtuousness of the individual, and thus the field.

There is a growing emphasis on the intentionality of excellence. The interest in excellence in supervision is demonstrated by national interest in credentialing supervisors. We hold that intentionality in excellence through co-creation is a necessary and important development for the counseling profession if there is to be continued growth in excellence and further "Transformation of the Profession."

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# Supervising Master's Level Counseling Students in Practicum

*Robert J. Nejedlo*

Master's level students in counseling preparation programs regard their counseling practicum and internship coursework as the capstone courses in their graduate program, and faculty would readily concur. Practicum and internship are the courses wherein students are able to integrate the totality of their graduate coursework and related counseling-like experience. Thus, it becomes important that the supervisory relationship between students and professor be a positive, growth-producing experience. For the purpose of this article, the focus will be on the counseling practicum experience.

Much is at stake for the students at the beginning of practicum. In most instances practicum will be the first time that students will have the opportunity to bring together all they have learned in theory, group dynamics, career development, assessment, and human growth and development. Their challenge will be to effectively listen and bring to the counseling sessions the skills and techniques to facilitate client change and development potential. This is the time when students hope that they will demonstrate adequate and effective counseling behavior. For most graduate students there exist varying degrees of anxiety as they begin counseling practicum. This anxiety is normal. Most individuals are anxious when they begin a task which they have never performed before.

In some counselor preparation programs, students have had preliminary opportunities to engage in communication skills and training in role playing. At Northern Illinois University students take a three-credit course in counseling skills and strategies prior to counseling practicum. Our experience indicates that students who have had the course, enter practicum with much less anxiety, and progress further in their counseling skill development than those students who had not taken the course in counseling skills and strategies.

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*Dr. Robert J. Nejedlo is Professor of Counseling in the Department of Educational Psychology, Counseling, and Special Education at Northern Illinois University. During 1988-89 he is serving as President of the American Association for Counseling and Development.*

## SETTING THE STAGE

It is important to acknowledge individual differences among the students in practicum. With the statement, "We are each a product of our own environments; we are at different levels of skill development; and as such we will each have a slightly different approach to counseling." Students can accept a differential learning environment. Inherent in a statement of this nature is the philosophy that students will build on their backgrounds of knowledge and experience at a pace that is consistent with their abilities.

Most students experience anxiety, and whether it is manifested internally and/or externally, it is a condition that needs to be addressed. Past experience for me as a supervisor, has shown that when I bring up the topic of student anxiety as students get ready for their first counseling sessions, students listen very attentively. Indeed they resonate with their anxious feelings as they are expressed. I encourage them to share their anxieties, and as they do, there is a supportive bonding that takes place within the class. This support system now becomes the basis for an empathic, nurturing, growth-producing environment. I reinforce the learning principle that whenever we engage in activity that is new, different, or unknown, it is natural that there will be anxiety, frustration, and lack of confidence. Thus, students are encouraged to accept those feelings and understand that as they practice, they will grow in confidence and reduce their anxiety.

Students are also told that they should feel free to make mistakes in their counseling responses, and when they make mistakes, they should attempt to re-state their response—to try again—because they will never get the opportunity to do so under the same situational dynamics. This permission-giving technique has done much to free anxiety and release it in order that the student counselor can make a second or a third attempt at giving an appropriate response.

In setting the stage for supervision, I encourage students to function as a team and foster a sense of giving and receiving in order that the total team can reach higher levels of skill development. Students are encouraged to become used to observing each other and giving and receiving feedback. I tell them that in the beginning this is difficult because each of them is desirous of wanting to do well and yet nervous about how they will perform in front of others. It is helpful to address the anxiety and let them know that they will become increasingly more confident and will eventually reach a point where they will look forward to feedback. I point out that, indeed, students report when they take their first jobs as counselors, what they miss most is the absence of feedback. Thus, early on, students are asked to model good team building behavior for the benefit of all.

## THE PROCESS OF SUPERVISING

There are three essential components of the supervisory process: desirable qualities of the supervisor, desirable qualities of the student or supervisee, and the dynamic content that results from the interaction of the counselor, the supervisor, and the clients' counseling sessions.

### Desirable Supervisor Qualities

Qualities of the supervisor play a strong role in the supervisory process. Supervisors should be competent, caring, empathic, assessment-conscious, and open-minded. Leddick and Dye (1987) make the statement that counselors prefer supervisors who are actively empathic, genuine, warm, flexible, and nonrestrictive. Any supervisor ought to be able to demonstrate the skills that are required of the supervisee. Supervisors who are caring and empathic give needed support to the students and provide a climate that is both nurturing and growth-producing. The mark of a master supervisor is the ability to access levels of competency in the counseling process, and then to have the verbal acuity to communicate the extent to which the student is demonstrating his/her level of skill development. It is critical that a supervisor be able to assess acceptable counseling behavior and provide the required assistance for counselor growth or re-direction. To be open-minded to new approaches and/or alternative ways of achieving deserved outcomes is a quality which supervisors need to bear in mind. Just as individual clients have alternative preferences for how change is to be done, students in preparation programs will have alternative approaches that may work better for them. At all times supervisors ought to keep an open-mind as to how the individual counselor can integrate theoretical and practical techniques with personal style, given of course, that the resulting counselor behavior meets acceptable standards of professional performance.

### Desirable Student Qualities

When students are at the practicum/internship stage of graduate work, it is expected that they have open attitudes toward learning and be willing to try a variety of behaviors that may be suggested by peers or supervisors. In addition to being adaptable, students need to listen carefully, perceive accurately, and respond appropriately. Students ought to take the initiative to assess the client's case and do further reading relevant to pertinent areas of the client's problem. I always like to see students talk about their treatment plan and ask for suggestions (in that order), and I certainly advocate taking risks within limits. Receptivity to feedback is essential and the desirable quality is that students are able to incorporate feedback in subsequent counseling sessions.

### Counselor/Supervisor/Counseling Session Interaction

The essence of the supervisory process is the interaction resulting from the content and dynamics of the student counselor, the client, and the supervisor. The skillful intervention of the supervisor can do much toward facilitating the growth of the counselor. In the beginning it is important that supervisor and counselor establish as much trust and confidence in each other as possible. Affirming, supportive, and encouraging responses on the part of the supervisor are helpful. Depending on the level of development of the counselor, the supervisor will want to utilize a directing model, a coaching model, a supporting model, and/or a combination of the above. In the early stages of the supervisory relationship, it is acceptable for the counselor to be somewhat dependent on the supervisor just as it is sometimes appropriate for a client to be somewhat dependent for a time on the counselor. Such healthy dependency fosters a productive learning environment, and heightens the counselor's confidence. Gradually the need for dependency lessens and is replaced by consultative assistance as needed.

During this entire process constructive feedback is given both individually and in the group. Group seminars are valuable in that counselors learn from each other. I have found it helpful for students' growth and development when I generate alternative counselor responses by stopping a tape, for example, and giving my response as a counselor's response. This practice is modeled for students and then they are asked to provide their own responses to other client responses.

Throughout the process of supervision, the supervisor and the student counselors are very much aware of where they are in working with the client from the standpoint of developmental stages in the counseling process. Counselors need to be able to explore the presenting situations, assess the nature of the problem(s), develop and implement an appropriate treatment plan, and terminate effectively.

At times during the supervisory process it is helpful for both the counselor and the supervisor to address how they are working together. Attention to these interpersonal dynamics can be productive in resolving differences of opinion, dealing with resistance, and/or other relationship issues.

Periodically throughout the supervisory relationship, the counselor ought to provide evaluative comments on the students' progress. This procedure keeps the students appraised of their level of functioning and prevents any negative surprises at the time of the final evaluation.

## ENDING THE SUPERVISORY RELATIONSHIP

Just as is working with clients, wherein a counselor prepares the client for termination, so also in the supervisory process, the supervisor prepares the student counselors for ending the supervisory relationship. This is generally begun three to four weeks before the end of the practicum/internship. Calling attention to the fact that the end is in sight, will precipitate the elements of the terminating process. In most cases these parallel the dynamics involved in the grieving process; however, at a much less level of intensity. It is important to end supervisory relationships with some final procedures and rituals. Typically these include the completion of client records or making appropriate referrals, a concluding seminar reviewing the progress of the semester or term, the final individual evaluation of the student counselor's performance with the supervisor, and sometimes a "class party." During the final moments of closure it is desirable for the supervisor to allude to the next level of development of the counselors' skills and the need for seeking supervision and/or consultation when needed. Psychologically, it is well to provide this sense of closure to what is a capstone course.

## CONCLUSION

The practicum and internship experiences should be peak experiences for counselors. In most cases, this is probably true, unless there are no "checkpoints" along the way. Graduate programs ought to have selective retention procedures in effect throughout the program such that students who are not ready for practicum and internship are advised to take some corrective action or are guided in another direction. When students are ready for practicum/internship, even though there will be an expected state of anxiety, an effective relationship between the student and the supervisor will provide a positive experience for emerging professionals. The supervisory relationship is a significant experience and one that can have a lasting impact on the counselor. For this reason we ought to strive for supervisory relationships that are positive, satisfying, challenging, growth-producing, and end by setting the stage for further development of counseling potential.

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# *Student's Perceptions of What is Helpful Supervision in Practicum*

*Marilyn Penland, M.S.Ed.*

*This article summarizes the opinions and perceptions of counselor education students regarding the helpfulness of supervision in the counseling practicum. The effectiveness of supervision in relationship to a variety of practicum experiences is discussed, as are the professional and personal characteristics of effective supervisors.*

The practicum experience in a counselor educational program is generally the culmination of the program and provides the opportunity for students to integrate the theoretical background learned with skills and techniques acquired, while developing a personal style of counseling. A good practicum experience is an essential component of a counseling program and will not only synthesize theory and technique, but will help students gain the self-knowledge and self-confidence needed to assume the responsibilities of a professional counselor.

At Northern Illinois University, DeKalb, Illinois, counselor education students are required to enroll in a counseling practicum near the end of their degree program. The practicum is held in the counseling laboratory on campus, and each practicum group consists of seven students and a practicum supervisor. The objectives of the counseling practicum are for students to become familiar with a range of counseling situations, gain experience in the counseling process, experiment with various counseling approaches, understand and apply the relationships between theory and practice, assess counseling approaches and techniques of others, and critique one's own counseling behaviors. Clients for the practicum sections are acquired primarily through university departments such as physical education and human and and family resources, as well as through introductory courses in the counselor education department. The practicum experience

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*Marilyn Penland, M.S.Ed., has been a counselor at Glenbard South High School, Glen Ellyn, Illinois, for nine years and is currently working on an Educational Specialist degree in Counselor Education, Department of Educational Psychology, Counseling, and Special Education at Northern Illinois University, DeKalb, Illinois.*

provides the opportunity for students to practice counseling skills and techniques under the supervision of a faculty member in counselor education.

Students who wish to become certified as school counselors must also complete a 30-hour field experience in which they work under the direct supervision of a practicing school counselor. Field experiences must include, but are not limited to, eight hours of individual counseling and 22 hours of additional guidance and counseling functions such as group guidance, career guidance, and consultations with other pupil personnel staff members.

The supervision of practicum students is critical to their future competence and success. Therefore, it is important for counselor educators to consider the expectations and needs of the individual student, in addition to the stated course objectives, when engaging in practicum supervision, and to regularly assess student satisfaction with the program.

## METHOD

The author surveyed recent practicum students from Northern Illinois University to gain an understanding of what is perceived as helpful supervision in the practicum experience. The survey consisted of three parts and included a total of 49 items. Part I requested background information about the respondent's age, gender, undergraduate program, past work experiences, date of practicum and date of completion of the master's program. Part II requested information about the respondent's on campus practicum and perceptions of the helpfulness of supervision received. Part III requested information about the respondent's school counseling field experience (if applicable) and perceptions of the helpfulness of supervision received. Parts II and III included both Likert-type items and open-ended questions. Surveys were sent to 60 students who participated in practicum between spring of 1987 and spring of 1988.

## RESPONDENTS

Thirty-five questionnaires were returned from 28 females and 7 males. Respondents ranged in age from 24 to 55. The mean age was 36, and there were three modes of four respondents each at ages 25, 36, and 38.

Of the 35 respondents, 29 received undergraduate degrees in education. Education degree holders included eight majors in elementary education, four in social science, three in English, three in special education and one each in art, biology, business, Christian education, home economics, liberal arts, music, physical education, Spanish, and speech communications. One education major did not specify area of concentration. Of the six respondents who received non-education degrees, five major in psychology and one in applied behavioral sciences.

Employment of respondents included 28 who are currently in educational settings, four who are in private agencies or business, one who works in both education and a mental health agency, and two who are not currently employed. Of the total of 29 respondents employed in educational settings, job descriptions included seven high school teachers, three elementary teachers, four special education teachers, six school counselors, one college level instructor, one Learning Assistant Program Coordinator, one Career Center Coordinator, two substitute teachers, two residence hall personnel, one graduate assistant, and one private school teacher (level not indicated). Of the four respondents employed in private agencies or business two currently work as counselors, one as a program coordinator and counselor, and one is in sales and brokering.

## RESULTS

Part II of the survey requested that respondents evaluate the helpfulness of supervision received in 13 possible on-campus laboratory experiences. The level of helpfulness of supervision was judged on a Likert-type scale, with the following possible responses:

4 = very helpful
3 = moderately helpful
2 = minimally helpful
1 = no supervision received in this area
NA = not applicable, experience not included in practicum

The 13 on-campus practicum experiences included in the survey, and eight additional experiences listed by respondents in the "other" category, are shown in Table 1 with frequency of responses.

## TABLE 1
## Frequency of Response in Rating Helpfulness of Supervision in Practicum Experiences

4 Very helpful
3 Moderately helpful
2 Minimally helpful
1 No supervision received in this area
NA Not applicable, experience not included in practicum

| | 4 | 3 | 2 | 1 | NA |
|---|---|---|---|---|---|
| 1. Counseling with client | 22 | 6 | 6 | 1 | 0 |
| 2. Discussion of cases | 21 | 6 | 8 | 0 | 0 |
| 3. Analysis of audio or video tapes | 6 | 11 | 9 | 6 | 3 |
| 4. Analysis of counseling process | 8 | 14 | 9 | 3 | 1 |
| 5. Analysis of counselor responses | 11 | 14 | 6 | 3 | 1 |
| 6. Review and application of counseling theories | 4 | 10 | 15 | 2 | 4 |
| 7. Development of strategies and techniques | 10 | 15 | 6 | 3 | 1 |
| 8. Critique of classmates' counseling techniques | 8 | 16 | 9 | 1 | 1 |
| 9. Feedback from classmates on respondents counseling techniques | 15 | 15 | 3 | 1 | 1 |
| 10. Role playing | 8 | 10 | 11 | 4 | 2 |
| 11. Completion of intake and summary forms for use in agency counseling | 1 | 8 | 11 | 4 | 11 |
| 12. Writing personal observation notes | 5 | 12 | 14 | 3 | 1 |
| 13. Locating related literary or referral sources | 7 | 9 | 8 | 5 | 6 |
| 14. Other experiences | | | | | |
| a) Concurrent field experience | 1 | 0 | 0 | 0 | 0 |
| b) Observation of other counselors | 1 | 0 | 0 | 0 | 0 |
| c) Mini sessions/counseling classmates | 1 | 0 | 0 | 0 | 0 |
| d) Carry over to school counseling | 0 | 0 | 1 | 0 | 0 |
| e) Transcribing tapes | 3 | 0 | 0 | 0 | 0 |
| f) Keeping a journal | 0 | 1 | 0 | 0 | 0 |
| g) Midterm critique | 0 | 0 | 1 | 0 | 0 |
| h) Final critique | 0 | 0 | 0 | 1 | 0 |

Eighty-six percent of the respondents perceived the feedback from classmates and resulting supervision received as either very or moderately helpful. The next four highest rated experiences for helpfulness of supervision (combining very helpful and moderately helpful categories) were counseling with client (80%), discussion of cases (77%), analysis of counselor responses (71%), and development of strategies and techniques (71%). Additional experiences perceived as very or moderately helpful in terms of the supervision received were critique of classmates' counseling (69%), analysis of the counseling process (63%), and role playing (54%).

Respondents were asked to describe the professional qualities or characteristics displayed by their supervisor which contributed to his/her effectiveness. The most frequently mentioned traits (by 12 respondents) were the supervisor's knowledge, skill, and/or experience. Ten respondents cited the supervisor's willingness to share cases, demonstrate techniques, and/or suggest alternate techniques as important professional qualities. Eight respondents reported that availability of the supervisor in providing feedback on an individual basis was a significant quality. Other professional characteristics which were frequently listed were flexibility in allowing students to make mistakes; encouraging development of a personal style; openness to questions, suggestions and techniques; use of tact in giving constructive criticism; giving encouragement and support; and building the confidence of students.

When asked to describe the personal qualities or characteristics which contributed to the effectiveness of supervision in practicum, the traits most frequently mentioned (by six respondents) were compassion, warmth, humanity, empathy, and willingness to show emotions. Five respondents attributed the effectiveness of supervision received to a supervisor who was understanding, accommodating, and flexible. Four respondents listed respect and acceptance by the supervisor, demonstration of interest and concern for all students, development of a supportive and safe environment, and honesty and directness in dealing with students. Other qualities reported as important to effective supervision included availability and generosity with time, self revelation of the supervisor, promoting group cohesiveness, helpfulness, being a good listener, and having a sense of humor.

Respondents were next asked what modifications they would suggest to improve supervision in the on-campus practicum experience. The most important step for increasing the effectiveness of supervision, as reported by 10 respondents, would be to provide more feedback on strengths and weaknesses, more constructive criticism, and more open discussion of techniques and cases. Seven respondents expressed a need for greater consistency of practicum requirements within the department, as well as a clear set of criteria and system for evaluation. A longer practicum, perhaps of two semesters, would have helped six respondents feel more comfortable and confident with the supervision received. Five respondents indicated a desire for more individual supervision and greater direction from the practicum supervisor. Additional time spent on review and application of theories to various counseling situations was suggested by five respondents. Four respondents would place greater emphasis on school counseling and the field experience. Another group of four respondents felt increased observations of experienced counselors would have been beneficial in the supervision they received.

Part III of the survey requested that respondents evaluate the helpfulness of supervision received in the school counseling field experience. Of the total of 35 respondents to the survey, 24 participated in the field experience. Eleven of the respondents to Part III elected to complete 90% or more of the field experience at the high school level, eight worked primarily at the junior high/middle school level, two worked primarily at the elementary level, and two respondents chose to split the time in the field experience equally between high school and junior high school level. Three respondents reported field experiences totaling 20 hours or less, 14 completed between 30 and 40 hours in the field experience, four respondents completed more than 100 hours, and three did not report the number of hours completed. Fifteen participants in the field experience worked under the supervision of a school counselor whose duties would be described as a generalist, two worked with college counselors, two with social workers, one with a director of guidance, two worked with more than one counselor, and two did not specify the job description of the field supervisor.

Respondents were asked in Part III of the survey to evaluate the helpfulness of supervision received in 16 possible school counseling field experiences. The level of helpfulness was judged on a Likert-type scale, with the following possible responses.

4 = very helpful
3 = moderately helpful
2 = minimally helpful
1 = no supervision received in this area
NA = not applicable, experience not included in practicum

The 16 school counseling experiences, and four additional experiences listed by respondents in the "other" category are shown in Table 2 with frequency of responses.

Since the types of guidance and counseling activities included within the field experience vary from school to school and from one level to another, consideration of the responses of only those participants who engaged in a particular activity (and exclusion of those indicating the activity was not applicable) provides the most accurate means of assessing the helpfulness of the supervision received. Eighty-six percent of the respondents indicated the supervision received in association with individual counseling was either a very helpful or moderately helpful part of the field experience. The next two highest rated experiences (combining the very helpful and moderately helpful categories) were career guidance activities (81%) and course selection and scheduling (81%). These were closely followed by staffings and annual reviews (76%), consultation with teachers (76%), academic achievement counseling (72%), and record keeping (72%). Other activities that were rated as offering very helpful or moderately helpful supervision included consultation with pupil personnel workers (71%), college advisement (69%), group counseling (67%), and consultation with parents (67%).

Participants in the school counseling field experience were asked to describe the professional qualities or characteristics which contributed to the effectiveness of the field supervisor. Five respondents listed knowledge, competency, skill and understanding of the counseling position. Willingness to help practicum students gain skills, allowing a variety of counseling experiences, and treating the practicum student as a professional were also qualities that provided for good supervision as reported by five respondents. Four respondents perceived the caring, concern, and warmth demonstrated by the supervisor as very positive traits. Another group of four participants attributed effective supervision to a field supervisor who was organized and well prepared.

Participants in the field experience were next asked what personal qualities or characteristics contributed to the effectiveness of supervision. Seven respondents reported that a supervisor who was personable, easy to communicate with and who related well to others proved to be effective. Interest and concern in addressing the needs of students was listed by four

### TABLE 2
### Frequency of Response in Rating Helpfulness of Supervision in School Counseling Field Experience

4 Very helpful
3 Moderately helpful
2 Minimally helpful
1 No supervision received in this area
NA Not applicable, experience not included in practicum

| | 4 | 3 | 2 | 1 | NA |
|---|---|---|---|---|---|
| 1. Personal/Social counseling | | | | | |
| a) Individual | 12 | 7 | 2 | 1 | 2 |
| b) Group | 5 | 7 | 5 | 1 | 6 |
| 2. Career guidance | 4 | 9 | 1 | 2 | 8 |
| 3. Standardized testing/ interpretation | 5 | 7 | 6 | 2 | 4 |
| 4. Academic achievement counseling | 8 | 5 | 3 | 2 | 6 |
| 5. Course selection/scheduling | 7 | 6 | 3 | 0 | 8 |
| 6. College advisement | 4 | 5 | 3 | 1 | 11 |
| 7. Staffings and annual reviews | 11 | 15 | 6 | 3 | 1 |
| 8. Consultation with teachers | 9 | 4 | 3 | 1 | 7 |
| 9. Consultation with parents | 7 | 5 | 5 | 1 | 6 |
| 10. Consultation with pupil personnel workers | 11 | 4 | 5 | 1 | 3 |
| 11. Orientation for students | 8 | 2 | 0 | 1 | 13 |
| 12. Program development | 2 | 4 | 2 | 3 | 13 |
| 13. Program evaluation | 4 | 4 | 1 | 3 | 12 |
| 14. Writing recommendations/ evaluations | 2 | 3 | 3 | 2 | 14 |
| 15. Record keeping | 8 | 5 | 2 | 3 | 6 |
| 16. Other | | | | | |
| a) Classroom groups | 0 | 1 | 0 | 0 | 0 |
| b) College night | 1 | 0 | 0 | 0 | 0 |
| c) Counseling with special needs students | 1 | 0 | 0 | 0 | 0 |
| d) Students for students program | 0 | 1 | 0 | 0 | 0 |

respondents as a characteristic that enhanced supervision. Three respondents attributed the effectiveness of supervision to supervisors who were dedicated, hardworking, eager, and energetic. Additional traits mentioned by at least two respondents were availability of the supervisor, a caring and warm personality, and a positive and encouraging attitude.

The final item on Part III of the survey solicited comments and suggestions from the respondents to improve the effectiveness of supervision in the field experience. The most frequently listed suggestion (by six respondents) was to increase the length of the field experience, making it comparable to a student teaching experience. Four respondents indicated that greater articulation between the university and the field supervisor and more training for the field supervisor would have improved the effectiveness of supervision received. Two respondents felt that assistance from the university in placement for the field experience would have provided a more positive supervisory experience. Additional suggestions included more direction and feedback from the field supervisor, more specific criteria for field experience activities, and greater definition of the field supervisor's role in observation and evaluation of the practicum student.

## SUMMARY

Because the practicum experience in counseling is an integral component in the development of clinical skills it is essential that the supervision needs of practicum students be recognized. In assessing the helpfulness of supervision in the laboratory experiences, respondents gave the highest ratings to those activities which they perceived to provide the most direct or immediate improvement of counseling skills, i.e., feedback on strengths and weaknesses, analysis of counselor responses and discussion of cases. The professional qualities that respondents most frequently cited as contributing to effective supervision where the knowledge and experience of the supervisor and demonstration of techniques and strategies. Personal qualities viewed as most helpful to the supervisory relationship by respondents included compassion, warmth, empathy, and flexibility.

The primary concerns of respondents in the campus-based practicum were to receive even more individual feedback on strengths and weaknesses from the supervisor, and to engage in more detailed discussions of techniques and strategies.

In the school counseling field experience, respondents reported the most helpful supervision was in relation to the activities of individual counseling, career guidance, and course selection and scheduling. The professional qualities mentioned by respondents as contributing to the effectiveness of supervision were knowledge and competency, and willingness to assist the practicum student in skill development. The personal qualities of field supervisors that were most appreciated by respondents included the ability to communicate easily with others and to demonstrate a genuine interest in the needs of the practicum student.

In both the campus-based practicum and the school counseling field experience respondents expressed a clear desire for an extended experience. This need should be met through the recent implementation of a 48-hour master's degree program in counselor education at Northern Illinois University which includes a practicum limited to five students and a required 600-hour internship.

Possibly the most crucial component of effective supervision in the counseling practicum is the maintenance of open and honest communication between the student and supervisor. It is only through the clear expression of student needs that a supervisor can respond with appropriate individualized feedback and counseling strategies.

# The Use of Teams in Training Family Therapists

*Anthony W. Heath*

*This paper describes an unorthodox model of psychotherapy training that has been in use for ten years in agency and academic settings. The team family therapy training model is presented as consistent with four interdependent trends in family therapy. The trends, identified as a changing view of the role of the therapist, an increasing interest in individuals' views,* **glasnost** *in family therapy, and teamwork in family therapy, serve as the conceptual foundation for the description of the setting, goal, organization and evaluation of the model itself.*

In this article, I will describe an uncommon model of psychotherapy training that is consistent with many of the trends in systemic family therapy for the 1990s. The team family therapy training model is also consistent with many of the ideas of the humanists of our times and with many contemporary beliefs about adult learning processes.

The team family therapy training model has been developing in agency and academic settings for ten years. First described in 1982 in an article in *Family Process* (Heath, 1982), the model's home is now the Northern Illinois University (NIU) master's degree program in marriage and family therapy. While the methods described here will be primarily concerned with the clinical training that occurs in a clinical (practicum) setting, principles of the model may also be applied to other aspects of training programs, such as classes and guided research, as well. Supervisors, teachers, trainers and clinicians can expect to find implications here for a wide range of professional endeavors.

The team family therapy training model is evolving in an interacting socio-political context which facilitates its development and perpetuates its viability. This context can be thought of in

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*Anthony W. Heath, Ph.D. is an Assistant Professor and the Coordinator of the Marriage and Family Therapy Program, Department of Human and Family Resources, Northern Illinois University, DeKalb, Illinois. He is also President of the Illinois Association for Marriage and Family Therapy and a member of the Commission on Supervision for the American Association for Marriage and Family Therapy.*

terms of "trends" in the family therapy field. Of course the punctuation (or categorization) of these trends reflects the personal opinion of the author, who claims no more objectivity concerning the trends than could any other participant-observer.

In this article, several interdependent trends in family therapy will be summoned to serve as a foundation for the team family therapy training model. Once these trends are described, the model itself will be presented. Finally, an admittedly subjective discussion of the model's usefulness, as assessed to date, will be offered.

## TRENDS IN THE FIELD OF FAMILY THERAPY

The following four trends each deserves pages of explication. Such an undertaking is beyond the scope of this article, and would probably only distract from its objectives. The interested reader may wish to pursue further reading, beginning with the few references cited for each trend.

### Changing View of the Role of the Therapist

Since its inception, family therapy has been an active form of therapy. Family therapists have seen themselves as instrumental change agents, as the catalysts of change, as the ones to make the difference. Implicit in this conceptualization of family therapy was a belief that therapists are powerful individuals, armed with information, strategies, and techniques that help them to "treat" the problems of their clients.

As this rather macho and medically modeled view of therapy has passed, family therapists have witnessed the death of the concept of client resistance (deShazer, 1986), feminist critiques of several family therapy theories (e.g. Avis, 1985; MacKinnon & Miller, 1987), debates about the relative importance of pragmatics and aesthetics in therapy theory and practice (cf. Kenney, 1982), and a fundamental, paradigmatic shift in models of family functioning and change (Hoffman, 1981).

While the first three decades of family therapy saw the family described in homeostatic terms, increasingly in the 1980's the family is described as a non-entropic, evolving life form. From this second-order cybernetic perspective, the therapy process is also seen as different. Therapists now consider themselves part of the system of therapy and participants in changing families.

Many therapists have stopped trying to figuratively fix broken families, and tossed aside their roles as experts. We have "lost the passion for changing people" (Simon, 1985, p. 43) and have joined our clients in the process of change.

## Increasing Interest in Individuals' Views

Since the early 1970's brief family therapists have considered people's ideas, feelings, and language as essential to the understanding and resolution of clients' problems (e.g. Watzlawick, Weakland & Fisch, 1974). This understanding of the salience of clients' world views has gradually evolved into a constructivist/constructionist philosophy of life for many brief family therapists (cf. Segal, 1986). According to this "agnostic" view of reality, objective truth cannot be known, no one is an objective observer, and individuals' perceptions and the meanings they attach to them are accepted as valid statements of experience.

While constructivist philosophy has hardly become mainstream thinking (e.g. Golan, 1988), many family therapists are attending more to individuals' meanings (Colapinto, 1985) and fewer are considering their beliefs about problems, causes and solutions superior (i.e. more objectively accurate, valid, or true) to the beliefs of clients. Instead, family therapists are approaching therapy as an experiment in the cooperative construction of a more useful reality; looking for ideas and methods that seem to the clients and therapist to work.

## *Glasnost* in Family Therapy

Ben Furman and Tapani Ahola (1988) have observed that the secrecy that has shrouded psychotherapy since its professionalization is beginning to give way to a new openness. Naming this trend in psychotherapy after Michael Gorbachev's *glasnost*—the Soviet equivalent of free speech and open door politics—Furman and Ahola remind us that many psychiatric patients are now involved in their own treatment planning, open communication takes place in many milieu treatment settings, and clients are increasingly allowed to see their treatment records.

*Glasnost* is also taking root in family therapy, note Furman and Ahola. One sign of the *glasnost* in family therapy is live supervision, which was first described in the literature by Montalvo in 1973. It allows supervisors to observe therapy and intervene, usually via telephone, through a one-way mirror.

Today "supervisor-guided" (Roberts, 1983) live supervision is preferred by many family therapy supervisors (McKenzie, Atkinson, Quinn & Heath, 1986), and dozens of articles espousing its virtues have been written (e.g., Birchler, 1975; Liddle & Schwartz, 1983; Wright, 1986). When compared with other forms of supervision, live supervision is more open for the therapist and supervisor, but not for the clients.

Live supervision appears to be changing, though. Perhaps because family therapists and family therapy supervisors are a gregarious lot, the observation rooms used in live supervision have tended to fill with other therapists, trainees, and perhaps even other supervisors. Gradually these groups of professionals, usually led by supervisors who are obviously in charge, have moved from communicating only with the therapist in the room to placing calls to family members during sessions, inviting family members to sit behind the mirror, and even entering sessions to make observations and suggestions (e.g. Anderson, 1987; Carter, 1982). And in Furman and Ahola's implementation of *glasnost* in their native Finland, clients observe pre- and post-session supervisory sessions and sometimes the entire supervisory team joins the family in the therapy room. Clearly the boundary between the therapy room and the observation room is opening up, and client families appear to be enjoying it. At the NIU Family Center, the marriage and family therapy program's clinic, more and more clients are turning to the one-way mirror and talking to the team and waving good-bye as they leave.

## Teamwork in Family Therapy

The old adage, "two heads are better than one," has influenced family therapy for years. Multiple Impact Therapy, developed by Robert McGregor—now an Illinois resident—and his colleagues (McGregor, Ritchie, Serrano, Schuster, McDanald & Goolishian, 1964) used an interdisciplinary team of professionals to help families with serious problems. More recently, the Ackerman Family Institute's Brief Therapy Project reported the use of a team approach (Papp, 1980), as did Selvini-Palazzoli's original Milan group (Selvini-Palazzoli, Cecchin, Prata & Boscolo, 1978).

Today collaborative family therapy teams (Roberts, 1983), made up of professional peers, provide services to clients all over the world and group supervision for the team members. Although the teams' theoretical orientations and some of their methods differ, all teams work together on cases, usually with the team generating ideas for interventions behind the mirror while one team member conducts the session. Teams share a common belief that they function more effectively (and usually more efficiently) than the sum of their parts.

Teams mirror the interdisciplinary origins of family therapy. They inspire creative thinking in an enjoyable, exciting, and cooperative context. Teams foster debate and illuminate differences in ways that generate a variety of possible interventions for clients. Unfortunately, they are usually considered too expensive to be used in social service agencies where the team would be made up of salaried clinicians. Perhaps this thinking will moderate with the publication of a recent study that supports the argument that team consultations produce better results than regular therapy (Green & Herget, in press).

Teams embody the trends described above and represent the form of therapy that has most influenced the training model described in the following sections of this article.

## TEAM FAMILY THERAPY TRAINING

The team family therapy training model is isomorphic with the model of family therapy that emerges at the convergence of the four trends described above. Merging the second-order cybernetic view of the role of the therapist, the constructivist's respect for individuals' constructions of reality, the collaborative openness of the *glasnost* era therapy team, and the technology of live supervision—and thereby capturing the spirit of systematic family therapy today—the team training model borrows from relatively sophisticated therapy thinking and employs it in the interest of training family therapists. In doing so, the model, which is described below, challenges a range of often unquestioned assumptions about supervision and training, just as the new family therapy thinking is challenging assumptions about therapeutic intervention.

### Training Setting and Facilities

The NIU Family Center is a university-funded clinic not unlike a small family service agency. Approximately 150 families from the community are seen per year at the Family Center, and presenting problems range from child discipline difficulties to eating disorders, substance abuse problems, and obsessive thoughts. Descriptive information about the Family Center explains the team approach in "two heads are better than one" terms. While clients are offered the option of waiving the help of a team, fewer than five percent of clients do so.

Team members are students enrolled in the practicum of the marriage and family therapy program; six students, selected from approximately 25 applicants, begin the program each year. The team members are between the ages of 23 and 64, and about half have had previous paraprofessional counseling experiences. Team members are selected based on academic credentials, apparent maturity, relevant life experience and sense of humor, among other factors. All begin serving on teams at the beginning of the academic year, begin work as therapists (in the room with clients) seven months later, and accumulate 500 hours of client contact before graduating.

Family Center information refers to the graduate student service providers as "therapists" or "team members" and secondarily explains their student status. This way of identifying team members, which is used informally and on internal agency forms, as well, seems to have increased the members' senses of self-confidence and reduced the number of client questions about credentials. The presence of a team may also lessen concerns about the abilities/qualifications of individual therapists. Supervising faculty members are referred to as "supervisors" or "team leaders."

In the team training model, the observation room is the primary site of learning for all team members regardless of previous experience with therapy. Observation rooms must be big enough to comfortably contain, figuratively and literally, the teams. Soundproofing is essential to keep the teams' discussions from disrupting sessions. Double glass in observation room one-way mirrors greatly improves soundproofing. Intercom telephones allow the team to talk with the therapist or family, and videotape equipment allows recording of sessions and team messages. Such equipment is accessible to all in the team training model.

Classes on therapy theory and technique begin as observation of therapy begins, in the first week of the academic year. Coursework provides an opportunity for faculty supervisors and team members to agree on a common language, and promotes the hand-in-hand learning of theory and practice. Most of the teaching philosophy of the team training model is applied in courses, as well.

Client sessions are scheduled on the hour, but 90 minute sessions allow teams to be more creative. Normally, the sessions are preceded by team meetings in which plans for the sessions are made. Mid-session conferences allow the team and therapist to confer for about ten minutes. These meetings are announced to clients with statements like "I'm going to go consult with my team. . . ." Post-session meetings, scheduled later in the evening, facilitate debriefing and planning for the next session.

## Goal of the Model

The goal of the team training model is to provide optimal opportunity for learning conceptual and executive therapy skills while providing therapy for client families. In all live supervision, therapists learn by doing, but here the opportunities are multiplied. Because team members begin observing therapy on their first day of training and thereafter participate on a team during every hour of practicum that they are free, they experience many hours of therapy in a short period of time. In addition, since team members are asked to contribute to discussions of cases beginning in the first three weeks of their training, they begin to relate their theoretical understandings to practice early in the training year. Hearing the ideas of other team members may also foster learning, as does listening to the supervisors' suggestions.

## Team Organization and Roles

A team, by definition, is made up of a number of individuals who work together for a common purpose. The form of team organization that seems to work best in a training program approximates a democracy. When membership in the training program is voluntary and informed, it is as though each team member has cast a vote for the supervisor. But to remain in office, the supervisor must maintain the team's respect and support, and the team must continue to see the supervisor as an expert—or at least as a potentially helpful—family therapist, supervisor, and trainer.

New supervisors working in the team training model are asked to think of their roles as consultants to the team. Thinking along these lines, it becomes clear that the supervisor must prove his/her worth to maintain the consulting contract. Certainly it is not necessary to be all-knowing, but it *is* necessary to discover and provide what the team members want, which in this case usually includes respect, encouragement, structure that decreases over time, the opportunity to contribute, and suggestions rather than demands. The team, according to this consulting metaphor, is responsible for taking suggestions from the supervisor, shaping them, and using them as they see fit.

Team supervisors see their roles as encouraging, supporting, and offering options for learning. Thus open discussions about cases replace condescending lectures, opinions are stated rather than facts pointed out, and theories are relegated to the role of sophisticated guidelines. And to the extent possible, individual team members' learning preferences, beliefs, and interests are given priority. At the risk of over-using analogies, team supervision is more like serving a family style dinner to friends than it is like spoon feeding a baby. For this reason, the team training model can be thought of as the *smorgasbord* training model.

Implicit here are the assumptions that supervisors can't change the people they supervise, that they see themselves as part of the teams with which they work, that they can propose to the teams a construction of reality that is radically different from a more orthodox view of training, and that relatively naive student team members have great ideas. All of these assumptions reflect the trends in family therapy described earlier.

## EVALUATION AND CONCLUSION

Whereas theories are evaluated against the standard of truth, models are best evaluated as more or less useful (Harre, 1970). The team family therapy model, therefore, will be discussed in terms of its usefulness. Here, too, the author acknowledges that the following is entirely his own construction, based on his observations and oral and written evaluations by team members over the years.

Implementation of the team training model at the NIU Family Center has been associated with a 100 percent increase in the numbers of clients in two years, a change from one to two days of service per week, improved record keeping systems created by team members and faculty together, the creation of a team member-decorated therapy room for young children, numerous social gatherings *to which supervisors have been invited,* and occasional team members-grown fresh flowers. Standard course evaluations of the practicum receive ratings as high as 4.61/5.00. Team members involve themselves in Family Center research projects, screening of applicants for the program, and organizing an orientation for the new students. And from the supervisors' perspectives, the team provides some excellent therapy to the community. Several studies of clients' problem resolution and satisfaction with therapy at the Family Center are currently underway. For more information on the team's and supervisor's perceptions of this experience, the reader should see the excellent articles in this journal by Edwards, and Reinke and Powers.

To make the team training model useful in other settings, therapists must be willing to abandon a secure construction of reality as consisting of an all-knowing supervisor and a passive recipient of knowledge trainee. Supervisors must be willing to give up the glory of traditional supervision for a much less direct form of satisfaction. But if these adaptations can be made, therapists, supervisors, and clients may experience a kind of creative joy that occurs only when we all work together.

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